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BIOLOGY, THE KEY-NOTE OF MEDICAL SCIENCE.

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FROM the earliest period of recorded thought, through all the ages, to the present time, the great question of life, its origin and phenomena, its complex power and its future, has more than any other engrossed the attention and excited the deepest thought and the most careful investigation of the philosopher and the scientist. What is life? what is mind? what is soul? are questions which have been studied in the laboratory, with the knife and with chemical tests, with the spectroscope and the microscope, on the mountain top away from all life save that which breathes in the air and flows down from the stars, in the cloister cell, in fasting and prayer, in the busy world, where mind meets mind and thought is sharpened by thought, but, with all this eager questioning and striving, no mind has as yet penetrated the mystery or unlocked the secret. Through all the inquiry and investigation extending through thousands of years we reach simply the conclusion that the whole living world in its primary and fundamental form is simply and individually a mass of protoplasm in which it is impossible by any power we now possess to discern form or structure. Back of this germinal matter, this primary element of all vegetable and animal life, we know nothing. Independent living forms exist in the depths of the sea and on land, clinging to the rocks and floating in the water, or caught up by the winds and carried hither and thither, which hardly ever advance beyond the simple structure of protoplasm, but all life in its higher forms follows this line of development, beginning its separate existence as a nucleated cell, which by division forms a mass of nucleated cells. The parts, following different laws of growth and multiplication, give rise to the rudiments of the organs, and these rudiments, possessing a line of multiplication and metamorphosis peculiar to themselves, are developed into the perfect structure. The particle of protoplasm which is developed into the higher forms of animal life, a life which for a time at least holds

in its embrace the mind and the soul, is, so far as we can discern even with the highest powers of the microscope, composed of the same material, and is precisely the same in form and structure as that which advances but little above its primary cell, or develops into the varied forms of animal and vegetable life. The beginning of the line of development, so far as our own knowledge extends, is the formation of the first particle of protoplasm, for back of this we know absolutely nothing.

Subject the physical properties of a plasson body, which is simply unorganized protoplasm, to chemical analysis and we get in every 100 parts 54 per cent. of carbon, 21 of oxygen, 16 of nitrogen, 7 of hydrogen and 2 of sulphur. This is all we can find. But the protoplasm thus organized is dead matter, utterly incapable of any of the functions of life. Bring together by some chemical process all the component parts of a plasson body so far as they have been ascertained and do we get living protoplasm, something which will reproduce itself with the possibility of gradually developing into an organized being? Chemistry has imitated nature so closely in its manufacture of organic compounds as to produce the very thing copied from nature except the all-important one that it was dead, and with all their skill they were powerless to endow it with life. Physics and chemistry have combined to manufacture an egg, in size, in weight, in taste and composition precisely like the one which contains the germ of life. But they have never been able to manufacture an egg which would hatch. There is then, there must be, a vital principle, a life, which is the cause and not the consequence of organization, which exists apart from matter, which precedes the organization of matter, and combines together the carbon, the oxygen, the nitrogen, the hydrogen and the sulphur to form living protoplasm, the earliest form of matter science has yet discovered endowed with life and capable of reproducing itself, of subdividing itself and developing step by step into organized beings. The formation of the first particle of protoplasm, to us the genesis of organized life, is just as mysterious, just as much a miracle as would be the creation of each distinct species of vegetable or animal life separate and

distinct. How grand and beautiful that plan of creation which proceeds in lines of the greatest order and harmony according to a distinct design in the gradual development of animal life from the lowest to the highest plane, each stage a preparation for a higher one, the soul form becoming more complete as the gray portions of the nervous system become better fitted for its entrance and growth, until in the highest form of nerve organization—man—it reaches self-consciousness, and is no longer merged at the death of the natural body into the great spirit of life which fills the universe, but, self-conscious, a distinctly organized spiritual form, it takes with it into its purely spiritual life the impression, the thought and the education obtained in its connection with a material form in its earth life.

Far back in the beginning of the world's history we have noticed the simple forms of vegetable life, and how that life has advanced through the ages into more complex and higher forms, better fitted for the uses of the world in its ripened condition. And so in animal life countless forms have become extinct to give place to others of more intelligence and higher use. As we ascend from the lower grades of animal life to the highest—man—we can trace, step by step, something more than instinct, something more than the reflex action of a nervous organization, something which tells us of mind and reasoning powers advancing higher and higher until we reach man.

We know the nervous system is composed of gray and white matter; that in the gray cells is generated the nerve force or power which is communicated through the white cells—the telegraph lines of the body—to every cell in the complex structure of animal life. Wherever, the gray matter is found, and it is found not alone in the brain, but in the spinal cord, in the ganglia of the great sympathetic nerve, and linked with the central organ, the brain, in a continuous chain through the various organs of the body, nerve force is generated, and in the atomic changes and chemical and physiological combinations, mind, with its reasoning powers, with its thought, is evolved and brought into activity. The mind-producing cells, then, are not confined alone to the brain, but form a network throughout the whole body, and wherever any of the cells in the gray or white matter are changed in structure and fail to perform their specific function there is a corresponding failure in the harmony of mental and physical life, a condition which, through some unseen power, may be transmitted through a long line of future generations. The

sugar crystal put into the teacup at breakfast shows no apparent trace of carbon. Add a little sulphuric acid and the presence of carbon is instantly revealed in a distinctly marked black color. In the grouping called "sugar" the carbon was concealed, but on a redistribution of its molecules the carbon is distinctly revealed. It is not lost, and only requires peculiar conditions to bring it into distinct view and activity. No ancestral quality is lost, but every antecedent will be accounted for in the consequents, even though its presence be obscured by the alterations of groupings.

In the wonderful growth of intelligence seen through the ages in the gradual development of the animal world can we not with more or less certainty establish the truth of the doctrine of evolution and, growing out of it, the preservation of the fittest? Does not this doctrine render more simple and intelligent much of the mysterious and incomprehensible in the great plan of creation, in which, instead of each successive stage of life being a new miracle, it is simply an unfolding, a progression, ever advancing upward into higher and more beautiful forms, or sliding backward into nothingness, losing its powers of propagating its species and becoming extinct as the harmonious laws of life are heeded or violated. If nations perish from the earth and races become extinct as races, crushed out beneath the footsteps of progress and the march of a higher civilization, may not individuals, by a continued violation of the laws of harmony in their being, recede step by step until their soul becomes so imbruted, so lost to the principle of eternal truth, that it loses its individuality and becomes, not annihilated, except so far as a separate existence is concerned, but merged into the great spirit of life, there to be purified for such uses as it may in the far distant future be adapted. In the early history of civilization the priest and the physician were one. The study of theology, or the science which treats of God and divine things, and the study of biology, or the science which treats of the laws of life and its origin, were so closely interwoven that they formed one great whole, and were taught by the same profession. The care of the body and the soul, the mortal and the immortal, their training, their development and their work here are so linked together that the church and the medical profession must go hand in hand in the study and the interpretation of the laws of life. A proper understanding and enforcement of these laws must lead to a higher and more harmonious life, when the prisons and the almshouses will no longer be needed, when justice and

right and truth will prevail among all the nations of the earth.

The study of biology and its right interpretation is the key-note of scientific medicine. It investigates life as it is, and seeks to so understand the forces and laws brought into active play in its expansion and growth as to evolve the secret of a healthy life and a vigorous mental development. Understanding the causes of molecular changes, we are led through pathological conditions, of which the symptoms are but the mirror and external manifestations, to the nature of the disease, and find in the phenomena only aberrant life processes, and our most efficient methods of cure the adaptation and modification of the common laws of life. And as we carefully study those laws we find not infrequently no chemical combinations or carefully selected drug is required, but simply a change of condition easily brought about by a removal to a more healthy atmosphere, greater physical exercise, or a better adaptation of food to the requirements of the system. It is an axiom first taught by the Greeks, but to a great extent forgotten and neglected in the nations which followed them, that a strong, vigorous and healthy mind required a harmonious development of the body, and the attempt to carry out that principle was in a measure so successful that it has given to the world those masterly productions in art and literature, which has made them models of excellence, of beauty, and clear, vigorous, healthy thought to the present day. Each organ is intended for its appropriate work, and its natural, healthy development is essential to the harmonious working of the whole physical and mental organization. Weakness in one part, either through disease, overuse or lack of use, causes one faculty to dominate over another, producing physical and mental disturbance, and, unless speedily remedied, lasting disease.

The history of the world shows in all its lines of thought, of work and progress, that well-balanced organizations only can bring out from the chaos of conjecture, of speculation and of ill-regulated thought, the good, the pure and the true, evolving and crystallizing into enduring form, with the aid of the Divine influx flowing into and through their minds, those great principles of truth, of justice and of equal rights to all, which form the basis of all science, all true progress and all just government.

Systems of theology formulated and interpreted by men physically diseased or with one set of faculties held in vassalage to others, and prevented from performing their proper functions, have been strongly tinged with the pernicious effect

of a diseased organization and a poorly balanced mind. Calvin never would have formulated a theology so full of wrath, in which the flames of the pit were forever ascending, the groans of the damned forever ringing in the ears, and the smell of brimstone forever in the nostrils, had it not been for a diseased liver and stomach, which made him look upon everything with jaundiced eyes. Those who followed him with the same cold and pitiless logic, a logic which would pave hell with the souls of infants not a span long, which sent thousands of men and women and children with high and noble aspirations, writhing in that mortal anguish, which could only find utterance in groans and shrieks, to the confinement of the madhouse, not one of them possessed a healthy, physical or mental organization. Thousands in every age of the world, under the influence of a crude and unhealthy philosophy, the outgrowth of a diseased physical system, an unbalanced mental organization have looked upon their bodies as clogs, as hindrances to the aspirations of the soul, to be neglected, sacrificed, crushed for the sake of spiritual truths. What have they given us? What that has survived or will survive the tooth of time, the pitiless logic of a more healthy reasoning, the crucible of a higher philosophy, which relentlessly burns out the chaos of thought, leaving the small grains of truth to be incorporated into a different setting? What have they given us but fragments of truth, which the more healthy mind has seized and given their fitting place in a broader system of philosophy, where they will perform their appropriate work as a part instead of the whole.

To insure well-regulated minds well-regulated physical bodies are absolutely essential, in which the surroundings, the nourishment, the training all look to one point—the highest development of the physical and mental organization, and through them the perfection of that spirit life which no man has yet fully comprehended; that life which we believe to be immortal, carrying with it, not only here, but when it has risen out of its material environment, the impress and the influence of its earthly surroundings, whether good or bad.

The three organizations, the spiritual, the mental, the physical, are so interwoven with each other, are such a trinity in one, that they cannot in this life be separated in their influence and work. The theologian and the physician alike fail to comprehend the grandeur of their work, the vastness of their professions, if they do not realize to a certain extent the influence which one part has upon another in this trinity of man.

We cannot isolate these organizations. The growth and beauty and perfection of one is so closely linked and interwoven with all, one helping the other, that the highest needs of the soul can only be reached through the care of all. The law of heredity is not alone confined to the transmission of traits of human character and the seeds of physical disorganization from one generation to another, but, as has already been stated, goes back to the animal life, which has developed into higher and higher forms, to man, the highest and most perfect.

We have reached in man at last the self-consciousness of the immortal soul. Step by step through the ages of progression and development a form has been developed into whose finer tissues the soul germ can enter, growing and expanding with its growth, a living part of its material elements, and when these fall away, carrying with it so much of its earth form and the influences of its earth life that the man we knew here, with his noble traits and self-denying nature, his aspirations for harmony and perfection, or with the malign and evil passions of his animal nature undisciplined, uncurbed, in full force, will be recognized in form and feature and elements of character in the bright light of the spirit world, though divested of his material elements, as the same individual. The further we advance in our progress upwards in that higher cultivation which enables the spirit, the mind and the material body, that trinity in man, to work in harmony, the further we shall be removed from the brute creation, from all the elements of evil, from the fierce sway of animal passions, from the last traces of original sin, the inheritance of the animal world, and blend in harmony with that higher spiritual life in which we shall be in very truth as the sons of God.

With every step in science, with every unfolding of the laws of life, man advances further and further from the brute creation, ever ascending to higher planes, to nobler thoughts and more harmonious lives. The physician and the theologian—the healer of the body and the soul—find in every worker in the vast world of science an aid in the sweeping away of disease and the regeneration of the world.

Consanguinity in Marriage.—Dr. E. S. McKee, of Cincinnati (*Med. Record*, July 3, 1885), publishes an elaborate resumé of the literature of this subject, and the following are among the conclusions reached: (17) The facts do not warrant us in supposing that there is a specific degenerative effect caused *ipso facto* by consanguinity. (18) Consanguineous marriages, no other objection being present, should not be opposed on physiological grounds.

THE RELATION BETWEEN THE TREATMENT OF TUMORS AND THEIR DIAGNOSIS.*

By H. I. OSTROM, M.D.,

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FROM time to time in the history of medicine there seem to be periods in which a strong feeling arises against the surgical treatment of tumors. To remove tumors with the knife is then considered unscientific and in no way curative, because it is believed that the real disease is not thereby attacked, and hence the malady is likely to return.

Under this phase of medical belief recourse is had to the curative remedy. With great care each case is studied, and its individual symptoms taken as a basis for prescription without any particular regard to pathology, for, it is argued, only through the channels of nutrition can the dyscrasia that lies at the bottom of the local disease be met. Internal remedies in time failing, the changes are rung upon the various topical applications that have been used, with the addition of the new ones that progress in medical knowledge may suggest, as a compromise between the internal treatment, and the knife. At this stage the conscience of the therapist becomes uneasy, but is quieted by the reflection that if the topical treatment cures, it is by virtue of the properly indicated drug, even though applied locally, attacking the dyscrasia, the *causa latet*; and if it does not cure, the sufferer is beyond all hope. Finally the knife is resorted to, the tumor removed and the patient cured.

The reverse side of this picture shows an equally intolerant phase of medical belief, in which no credit is awarded to the curative properties of drugs; no note taken of the relation of the constitution to the genesis of the tumor; and the latter, as a thing offensive, is amputated, excised, or what not—treated in any way to be gotten rid of.

So does the pendulum vibrate; so do we in our progress toward more exact knowledge pass from one extreme to another, from one positive belief to another belief equally as positive. We have no means of tracing the path by which these changes of opinion are reached, or of following through its intricacies the mental operations that lead to opinions so widely different; but were our powers of observation more keen, and our tests for the analysis of mental operations more delicate, this would be possible, and we would recognize in each change of medical belief a step for-

* Read before the New York Clinical Club, October 15, 1886.

ward, and one that must ultimately lead to a better understanding of the scientific principles of the treatment of disease. The most difficult position for the scientist to occupy is one midway between such extremes of opinion, yet who can doubt that this is the true one for the physician? It seems to us to be so in a peculiarly emphatic sense concerning this question of the treatment of tumors, for we will find that the most successful treatment will include both the use of drugs and the use of the knife.

The opposition that is felt to the surgical treatment of tumors may be traced, I apprehend, mainly to a failure to appreciate pathological distinctions, and their bearing upon the part that can be performed by the organism in the restoration of health. There is, however, no doubt that the general practitioner frequently advocates the medical treatment of tumors, rather than refer to the surgeon the cases that occur in his own practice, and there is equally little doubt that we surgeons are not blameless in this matter. The physician has probably sent a few cases to the surgeon, and for his pains and honesty lost a corresponding number of families; and so the surgeon does not get his legitimate practice, and the general practitioner does not deal honestly with his patient. Now, it must be acknowledged that the surgeon, as a specialist, occupies an advantageous position in the minds of the laity when called in consultation, and especially when called upon to operate. A certain glamour, associated with or arising from the supposed possession of great courage, firmness and nerve, surrounds the surgeon, and places him in a position where, if he will, he can win the confidence of his friend's patient, but at the expense of betraying the trust his friend has reposed in him. That each man is free to select his own medical attendant, and change as frequently as he desires to change, no one will deny, but the influence to make such changes should not come from members of the medical profession. The truth is, the surgeon should be the surgeon, and confine himself to his specialty, and should inspire the profession with confidence in him, not only as a surgeon, but as a gentleman. Enough of this unpleasant side of our subject.

We now come to the consideration of those causes which, aside from prejudice and personal motives, are operative in forming the belief that tumors can be radically cured only by means of internal medication, only by attacking the dyscrasia that precedes their appearance. To make the subject clearer it will be necessary, even at the risk of reviewing facts with which all are famil-

iar, to refer to some well-known pathological data.

But, before taking up this discussion, which is really the important one in reaching an understanding of the subject, let us refer briefly to the question that is always likely to be raised—a mistake in diagnosis. That this may occur, even with the most skillful diagnosticians, no one will doubt, nor will any one question that mistakes are doubly likely to occur with those who have given no special study to the subject, and whose natural qualifications do not fit them for such work; but as scientists, we can admit no excuse for mistakes made within the bounds of positive knowledge. When the mind is reaching forward into new channels of thought, and seeking to extend the known into the unknown, and has proved that this beyond is knowable, by looking backwards, mistakes that were unavoidable are recognized. These are pardonable, but from a scientific standpoint mistakes in diagnosis are not pardonable that arise from ignorance of already well-established facts, and therefore each man must be held responsible for his work, and should suffer the consequences when it is illy done. Now we shall see that the diagnosis of the tumor—and to reach this its etiology must be understood—has much to do with adopting the most scientific and successful method of treatment.

Physiology and pathology have so much in common that it is sometimes extremely difficult to say where one process ends and the other begins. But distinctions can be made, and these will be found to rest in a large degree upon the function, or absence of function, that can be attributed to the process. The microscope, though a crucial test, is not available in the majority of cases until after the removal of the growth, and hence cannot always be used in the diagnosis of tumors with a view of deciding for or against operation treatment.

We will therefore, for the single purpose of establishing a diagnosis upon which to form a classification of tumors that may assist in deciding whether the treatment shall be surgical or medical, make two general divisions: Inflammatory new formations, and pathological new formations—true neoplasm. At present, in so far as the question of treatment is concerned, these two processes are not separated, and I see in this want of exactness a cause of much of the confusion that exists, and of the failure to distinguish those growths that can be removed with medicine, from those that must be submitted to the knife.

Inflammatory new formation is granulation

tissue, the history of which leads towards repair. The process which gives rise to this tissue is physiological, and the tissue itself is in the strictest sense physiological also, for it is developed at the expense of the organism for the purpose of building up parts that have been destroyed, and of restoring the integrity of structures that have been mutilated. Midway between inflammatory new formations and pathological new formations there is found a tissue formation that partakes of the characteristics of both. Beginning as an apparently simple inflammation, though it is probable that there is something abnormal from its incipency, the granulation tissue does not pass on to the development of stable elements, but, remaining embryonic, becomes a center for immature cell proliferation, in an environment of mature cells. In this intermediary class of growths belongs the granulation tissue of chronic suppurating surfaces, the so-called "progenic membrane," concerning which there will be more to say when the subject of treatment is reached.

Pathological new formations—true neoplasms—may begin in inflammation, but such a process is incidental to their genesis, and does not form a necessary part of it. Neither does their development proceed towards repair or the reproduction of lost parts. From the beginning they are an addition to the organism, having a separate existence, but drawing their sustenance from the organism upon which they live. There is no history of physiological use, and nothing to indicate that these growths come within the realm of the laws that regulate organic waste and repair.

Let us compare the genesis and history of these two classes of new tissue formation—the intermediary class belongs to the neoplasms, if we have regard to treatment—and endeavor to obtain some practical knowledge that will enable us to distinguish the cases that we shall trust to medicine, from those that must be operated upon.

Inflammatory new formation is a perfectly healthy process, and as such is subject to the same laws of development and growth that pertain to the healthy organism. We may therefore conclude that this tissue, being a part of the physiology of waste and repair, is capable of being acted upon through the general channels of absorption and nutrition.

Another product of inflammation, pus, though circumstances may cause it to become pathological, is essentially a reparative and protective process. The same is in a certain degree true of the infiltrated leucocytes. They may become organized, but are still frequently subject to the laws

pertaining to the inflammation that is connected with their genesis. That is to say, and this is more especially to our present purpose, they may be acted upon by the same class of agents and forces that are influential against the initial condition—inflammation. Whether or not it is always advisable to rely upon such means to effect a cure is a question foreign to our present inquiry. Some pelvic tumors, some mammary tumors, some glandular hyperplasias, many cysts, can be traced to inflammation as an exciting cause, or are known to arise from an excess of physiological activity. Such tumors, being within the limits of physiology, have been removed by medicine, and may be attacked by the dynamic power of drugs.

With true neoplasms the conditions are different. They are from the beginning pathological, and though they may have their origin in physiological processes, they very early, or at variable periods, lose all evidence of their genesis, and by their clinical history and cellular arrangement are readily recognized as pathological, and as opposed to organic harmony. Thus separated from the physiology of the organism, and thereby becoming an extraneous thing, neoplasms can be acted upon only through controlling the quantity or quality of their blood supply, their nourishment.

Now in this connection we will remember, first, that it is not probable that remedial agents can act upon *disease*, especially upon those forms of disease that appear as pathological new formations. Health is all that there is to act upon, and when the organism becomes diseased equilibrium is restored by applying our forces to the elements that enter into that equilibration, not to the effect of the disturbances of equilibrium which really is nothing, but which is looked upon as disease. Second, we are in possession of no class of remedies that, when given through the stomach or introduced into the circulation, is capable of contracting the blood vessels to such a degree as to shut off all nourishment from a tumor for a sufficient length of time to induce starvation. It will be understood that we are not here speaking of hæmostatics, the conditions for the action of which are quite different from those that we are at present considering. Moreover, the blood from which neoplastic cells derive their nourishment, apparently does not differ from the blood from which the cells that pursue the most normal course obtain their support, the error probably residing chiefly in the neoplastic cell, and in its discriminating powers. How then can we expect that neoplasms can be removed by the same

forces that restore health, when the organism is diseased? or how can we expect to shut off their nourishment by means of internal medication?

It seems to us that the matter of treating tumors stands thus: Those growths that have their origin in inflammation and find their histological prototype in granulation tissue, even when this continues wholly embryonic, may in a limited degree be under the influence of the dynamic force of drugs, and that the instances in which such means have been effective in removing tumors illustrate and prove such a genesis and such a drug action, while those growths that have been called pathological new formations, that are in no sense connected with repair, and that find their histological prototype in the embryonic cells of the tissues that compose the neoplasm, are not susceptible of the dynamic power of drugs, and that the failure of such means to remove a given tumor affords one proof of its true neoplastic nature, and is, other things being equal, a justification for operative interference. Upon these premises it may be assumed that medicinal means should be exhausted before resorting to the knife, but such an assumption is unwarranted. Experiments in medicine where positive knowledge can serve as a guide are without scientific sanction, and can under no circumstances enter into modern surgery.

The question becomes one of accuracy of diagnosis, and with this it will be rare for the medical cases to be operated upon, or for the operative cases to be mismanaged by being subjected to medicinal treatment.

Utilizing the Mosquito in Vaccination.—A curious sort of vaccination has been invented by Dr. Carlos Finlay, of Havana, for protection against yellow fever. It has long been supposed that the poison of yellow fever might be conveyed by inoculation, although no one appears to have wished to have the experiment tried on himself. But Dr. Finlay has applied to nature for a lancet more delicate than any human tools, and seems to have succeeded in this way in producing a mild form of yellow fever by inoculation directly from a yellow fever patient. The process itself is simple enough. A mosquito is persuaded to bite a person suffering from ordinary yellow fever, and is soon after brought to a healthy person, whom, when his appetite returns, he bites without that previous wiping of the mouth which would be thought desirable in polite society. Without dwelling upon particulars, it is sufficient to say that the yellow fever contagion was found in six cases out of eleven to be communicated to the healthy person, who, after the period of incubation had been passed, became affected with various symptoms characteristic of yellow fever in a mild form. According to the *Lancet*, Dr. Finlay believes that this mode of inducing a prophylactic variety of yellow fever may be found very valuable in practice.

NOTES ON NICOTISM.*

By JOHN H. CLARK, M. D., LONDON, ENG.

THE author maintains that all employers of tobacco are the subjects of poisoning; and that the comparative absence of symptoms during its habitual use is a "tolerance" analogous to that of *arsenic* eating. Its sudden discontinuance often leads to "tertiary" effects, similar to those resulting from its primary adoption; and the same may occur from temporary excess or lowered resistance on the part of the "nicotist." The "intermediate stage" is one of saturation with the drug, kept up by recurrence to it as soon as a sense of craving shows that its influence is waning. Its evil effects here are shown in the eye, the heart, and the nervous system generally; and also by local action in the throat.

The author regards alcohol as too similar to tobacco to be a safe antidote for it in ordinary quantities. *Nux vomica* is, in his judgment, the great remedy for nicotism; while he finds *camphor* of much value in subduing the craving for the poison in those who are endeavoring to break off its use.

Dr. Mossa mentioned that Professor Eilenburg, in his work on the sympathetic, has mentioned a form of angina pectoris due to nicotism, where the pain ceases as soon as tobacco is left off. In animals the effects were similar to those of *digitalis*, but all the animals were first poisoned by *curare*, which interfered with the effects.

Dr. Runnels regretted that the meeting had not heard the paper in full. It was a very important subject, and one on which there was much to be said. We shall have to make a more definite record. Whenever we say anything against the habit we encounter the prejudices of large numbers of nicotists, who say we are fanatics; they have smoked for years, and it has never hurt them in the least. Close analysis will show that it has hurt them, and has left its mark.

The chief criticism he has to make on drug symptoms was that they are often taken from proverbs under the influence of a much stronger drug (as tobacco) than the one they are proving.

Nicotists say it does not hurt them. He maintained they are generally affected by piles, liver or heart disease, or what is called in America, for want of another name, "malaria." You can often trace the effects of tobacco into the next generation. Many cases of anæmia, dysmenorrhœa and epilepsy in children are due to nicotism in parents. This is only one example. Tea

* Read before the International Convention.

and coffee are others. Dyspepsia, functional disease of the heart and other maladies are induced by the use of these. We take black coffee to antidote opium, and if it is potent enough for this the habitual use of it must give us a proving. Let us never take provings from persons who are bound hand and foot to some poisonous drug.

Dr. Cooper had given consideration to the subject from time to time. He could say with all reverence, with Kingsley, that when the Great Architect of all things created the world He created nothing better than tobacco. He believed that the human race had benefitted by nothing so much as tobacco. He acknowledged the evil done by tobacco, but he thought the habit of expectorating was the chief evil. He said there was nothing that would not do harm. One of the most remarkable things was the enormous quantities that could be taken without visible effects. He mentioned a case in which a person who had taken enormous quantities of tobacco left it off without the smallest difficulty after taking it for fifty years. Tobacco was not so much used as it ought to be in medicine. Tobacco 3x did most good in one case. He hoped to give an account of the medicinal use of the drug together with that of *lobelia* some day. If given in high dilution it would produce pathogenetic effects, but if given in the crude form it did less harm than any herb under the canopy of heaven.

Dr. Schäder rather agreed with Dr. Cooper than Dr. Runnels; he was no friend of tobacco, but he mentioned that Hahnemann smoked continually. Dr. Schäder's grandfather lived to ninety, and smoked till within a week of his death. There are cases in which the effects are bad. A colleague at Thun suffered from terrible attacks of angina pectoris, and never had it from the time he left off smoking. He has seen sickness and giddiness caused by it. He is himself no smoker.

Dr. Heermann said there were great differences in different cases of tobacco poisoning. *staphysagria* was sometimes needed for the severe anæmia caused by it, sometimes *arsenic. phosphorus* had to be used to cure one case of nicotism in his practice where there was intense anæmia of the brain.

Dr. Mossa mentioned, in reply to Dr. Cooper, that it is not a bad habit to expectorate if you smoke; as the smoke acts on the salivary glands, expectoration is necessary.

Dr. Cooper's argument was answered by Dr. Mossa. His arguments would apply equally well to the use of *arsenic, opium* and *cannabis*.

The case mentioned by Dr. Cooper was an exception. Most persons suffer much in giving up tobacco. Those who give it up suffer from want of sleep or constipation.

Dr. Clark, in reply, thanked the Congress for the kind reception they had given to his paper, and said that if gentlemen had had the opportunity of reading the paper *in extenso* they would have found that he had merely stated the facts of his experience, and had drawn no inferences as to the habit in itself; but if the facts were found to lead to the inferences condemnatory of the habit, which Dr. Cooper seemed to anticipate, he had no objection. The points raised by Dr. Cooper were for the most part anticipated by the substance of the paper. He had used the terms nicotism and nicotist to avoid the use of cumbrous phrases, since all tobacco-takers did not smoke, some of them taking snuff and others chewing. The case named by Dr. Cooper proved nothing, any more than the case of Professor Hamilton, of Edinburgh, who could take enormous quantities of laudanum without experiencing any effect at all. Dr. Clarke said that in his paper he had specially mentioned that his observations were confined to the effect of the tobacco used in England and by British subjects. He told a story of a German doctor (told him by a colleague who was present at the consultation) who, while wrapping up powders for a patient, smoking all the while and blowing clouds of smoke into the powders, was very particular to warn the patient to be extremely careful to keep the medicine out of the reach of any strong-smelling substances. When the patient had gone the narrator of the story asked the doctor what was the good of his instructions when he was all the time smoking into the powders. "Oh!" said the doctor, "that is not of the least account, tobacco-smoke is the natural atmosphere of a German."

Alcohol for Burns.—Dr. C. G. Watson (*Chicago Med. Times*) recommends the following treatment:

Suppose a case in which the whole hand is burned by steam which is a common occurrence. Place a quantity of alcohol in a wash-bowl, hold the injured hand over it, and with the other apply the alcohol. The excruciating pain will be at once relieved. If the patient will gently move the hand through the air it will be better. As soon as the pain begins to return repeat the process until it does not return.

The length of time will depend on the extent, or, rather, the depth of the burn. From ten to thirty minutes will in most cases effect a cure. If the burn is so situated that it cannot be held over a dish, soft cloths saturated with the fluid may be applied as wet as possible, and at once removed and reapplied as soon as the pain returns in its intensity. Do not rub or irritate the parts. Unbroken blisters need not interfere with the treatment.

CLINIQUE.

MAMMARY TUMORS.

BY GEORGE ALLEN, M. D., WATERVILLE, N. Y.

CLINICAL CASES.

CASE 1.—Mrs. M. W. T. (æ. 35), married several years, no children, dark complexion, eyes and hair; tall and spare. In October, 1883, showed me a tumor of the left breast, which was of a stony hardness, smooth, not sensitive nor painful, situated above and to the inside of the nipple, which was not retracted nor eczematous. Patient said the growth had first been discovered by her about six months before, but had not changed any since discovery. The tumor was at this time about the size of a butternut. Patient was adverse to an operation, and remedies were tried for about six months, without effect. Remedies used at this time were *iodide of arsenic*, *calcaria iod.* Patient's general health was excellent during all this time. At the end of this period the tumor began to enlarge slightly, and an immediate operation was advised. On April 22, 1884, Dr. M. O. Terry operated, removing the tumor and considerable surrounding tissue. The tumor was sent to Professor Heitzman, of New York, for examination. He pronounced it a hard cancer, and said it would return. This it did, nodular growths making their appearance in about four weeks, near the cicatrix of the former operation. These were removed by me June 17, 1884. More nodules appeared and were removed July 8. In September more nodules appeared, and early in October patient went to the Hahnemann Hospital, New York, and was operated upon by Dr. J. C. Minor, who removed all the hardened cicatricial tissue, all nodules that were present, extended the incision to the axilla, and cleared out all the axillary lymphatic glands, while in the mammary region everything was removed down to the fascia overlying the pectoralis major muscle, a portion of this even being removed. After this operation no more nodules appeared till February, 1885, when one small nodule made its appearance. The phenic acid treatment was now tried, using both the hypodermic and internal methods of administration. For one month there was no growth in the nodule; then a new nodule appeared, and both were removed March 20, 1885. I have a record of another operation on this patient May 1, the same year, and on July 6 several more nodules were removed, one being above the clavicle and overlying the external jugular vein.

During all this time the patient's health had

remained excellent, better than usual. She recovered quickly from every operation, most of the wounds healing by "first intention." She suffered no pain at any time. More than 30 cancerous nodules were removed from this patient by different operations. Dr. Terry operated upon this patient once, Dr. Minor, of New York, twice, and myself four times.

After the operation of July 6, 1885, the disease changed in the character of its manifestation. No new nodules appeared, but a general and rapidly growing induration began all over the mammary region of the affected side. Signs of pulmonary induration of the upper part of the right lung appeared, a cough supervened, and she died in a few weeks, suffering no pain and escaping entirely the horrible features which usually attend the closing stages of cancer when left to pursue its course without operation. It is doubtful if anything could have saved this patient, but it is certain that much valuable time was lost at the outset by useless waiting and the administration of medicines. As it was, the patient's life was undoubtedly prolonged by the operations, she suffered less and died easier than if the disease had pursued its course without interference. This I believe to be universally the case. When operation will not save life it enables the patient to go through the ordeal of this terrible malady with less suffering, and to escape the loathsome termination so often seen.

CASE 2.—Lady (æ. 40), single. Had a tumor removed from the right breast eight years previously; came to me in September, 1884, with two hard nodules in the cicatrix. Patient, who is a spiritualist, had the first tumor removed by a woman of the same faith, who claimed to act under the direction of Sir Astley Cooper. Sir Astley's diagnosis was "scirrhus cancer," and according to his directions the wound from the operation was allowed to heal under a poultice of slippery elm. The woman remained well eight years, when the nodules appeared as before stated—following extraordinary use of the arms while acting as a *masseur*. These nodules I removed in September, 1884. They presented all the characteristics of cancerous nodules. There has been no return of the trouble since—now about two years. In this case, humoring the patient's whim, I allowed her to poultice the wound as she had done on the advice of Sir Astley Cooper's ghost after the former operation.

CASE 3.—That of a married lady (æ. 48) having a tumor of left breast presenting some of the characteristics of cancer. Advised removal, though the diagnosis was doubtful. On removal

a microscopist pronounced the growth to be a lipoma. Patient remains well—now more than a year—and is happy in the assurance that she has *not a cancer*—an assurance impossible to have obtained without the operation.

REPORT ON DISEASES OF THE SKIN.

By T. M. S.

Arsenic in Diseases of the Skin.—The first effects we find among the provers are sensations of itching and tingling; the itching often so great as to compel vigorous scratching. These sensations occur in various parts of the body. The itching may be accompanied with redness and heat. Scratching causes burning.

Itching followed by the appearance of acuminated papules. Eruption of small red pimples, conical, closely set, with itching aggravated by rubbing.

Eruption of minute vesicles with itching, and followed later by exudation and desiccation.

Papular eruption with desquamation in fine scales, or in large thick patches.

Herpetic eruptions, confluent in form, and with intense burning; herpes zoster is not an infrequent result in those who have taken the various preparations in large doses.

Falling off of the hair from the head, eyebrow, and eyelashes, with loosening of the finger nails. Falling off of the hair in patches, as in alopecia areata.

Dirty brown, dingy, unwashed appearance, with delicate desquamation of the dermis.

Brownish tint of the surface following the disappearance of psoriasis under the use of arsenic; if the drug is continued, there may be a secondary eruption, consisting of certain pimples, red and isolated, multiplying slowly.

Eruption of pimples which run together and form thick scabs; the scrotum is sure to be affected severely; the hollow between the chin and lip is a favorite spot for the eruption, also in the angles between the nose and cheeks, and where the hat fits the brow. (Workers in arsenic.)

Acne punctata, with dry and dirty looking skin.

Eruption resembling lepra, with irregular, circular, raised patches, consisting of grayish-white scales; intense itching and burning.

Lichenoid eruptions, with scalding and tenderness of the skin.

Pustular forms of disease oftentimes call for its use, especially when of a malignant form, or with a tendency to ulceration.

We also find, under the action of arsenic, ulcerations, dark in color, with inflamed edges and thick crusts, ichorous discharge and a tendency to spread, accompanied with burning pains.

The drug has been found of service in eczematous eruptions with ill-defined lesions, and where there is but slight infiltration.

In psoriasis with dry parchment-like skin, dirty earthy color, with discolored spots here and there, peeling off of the epidermis in scales. The eruptions suitable to arsenic generally attack the face around the corners of the mouth and angles of the nose, while those of graphites have their seat in the region of the ears and on the hairy scalp. For raised circular, reddish spots and covered with scales, especially upon the knees and elbows.

The elephantiasis-like degeneration of the leg, with hard

swollen edges to the ulcerations, with violent lancinating pains.

Eruption on the knees, ankles and elbows; irregular, circular patches, raised above the skin, consisting of successive layers of grayish-white laminated scales, varying in size from half a dime to a dollar.

Ulcerations of a dark color, with an ichorous discharge and a tendency to spread, with inflamed edges and thick crusts. Bottom of ulcer appears livid, hard; elevated edges with a secretion forming into crusts, thick, green and brown-looking.

Ulcers secreting a thin, ichorous, offensive pus, with distressing burning and destruction of the soft parts, with bleeding.

Interesting cases are given in our literature of the good results of the use of arsenic in malignant ulcerous conditions, simulating cancer. Deep irregular fissures, with raised, shaggy edges which are hard and connected with a deep-seated ulcer. This was on the tongue. Deglutition was difficult and the pain extended behind the ears, into the occiput and nape of the neck. General systemic prostration.

Arsenic is of service in furuncular affections with acute subjective symptoms of burning pains, associated with restlessness and prostration. Also in anthrax or malignant pustule, especially in controlling the constitutional effects.

Eruptions upon the skin being in the great majority of cases only a manifestation of some idiosyncrasy, constitutional taint, or deep-seated cause, we will find them frequently associated with subjective symptoms which arsenic will promptly relieve. These are low debilitated states of the system, accompanied with prostration and the peculiar nervous condition characteristic of this drug, namely, too weak to move and too restless to keep still; anxiety and fear. Gastric derangements are frequent, with coated tongue, inflamed spongy gums, want of appetite, extreme thirst, anæmia, distended abdomen and offensive diarrhoea. Cold hands and feet, hot flashes and cold sweats. General aggravation from cold and amelioration from heat. Intense itching and burning are general accompaniments, with aggravation from scratching.

Many old-school writers advise its use only in chronic states, and not when there is an active state of cell proliferation and marked hyperæmia. This advice is probably based upon the use of large doses of the drug, and is not the rule under the properly-applied dose. The form generally used is the arsenicum album, or arsenious acid, and in the medium dilutions from the 6th to the 30th.

Keratosis Follicularis, with Fissuring of the Tongue and Leukoplakia.—(Morrow. *Amer. Dermat'l. Ass'n.*)

The patient, a sailor, aged twenty-one years, was seen December, 1885. Five years before, at the time of beginning his seafaring life, he noticed a number of blackish points upon the back of the hands, some of which he squeezed out. Soon afterward these appeared upon other parts of the body. They improved when he was on land, but were aggravated when he was at sea. The entire surface of the body, with the exception of the face, palms and soles, was found to be the seat of the follicular disorder. The ducts of the sebaceous glands were occupied by comedo-like bodies, projecting sometimes one-fourth to one-half an inch above the surface. From many of the follicles small white hairs protruded. The comedones when pressed out were hard and dry. The hard portion of the comedo was continuous, with an adhesive substance dip-

ping deeply into the follicle. There was no evidence of irritative or suppurative action. They were not accompanied with itching. The tongue was large and rough to the touch; the surface was deeply fissured, the fissures extending to the submucous tissue. The buccal mucous membrane presented a bluish-white appearance, thickened and raised in places, forming distinct plaques, which were superficially fissured. The patient stated that the tongue had been white and a little sore ever since he could remember. The absence of irritation or marked sensitiveness of the fissured organ was quite noticeable. Examination seemed to exclude the possibility of a syphilitic origin. Other cases which had been reported were referred to. Objection was made to the term "ichthyosis," since that suggested a disease of a different nature. He selected the term here given as more correctly expressing the pathological condition present, as well as indicating the anatomical seat of the disorder. While in the hospital the patient improved decidedly under the use of local applications of linseed oil. But within a short time of the discontinuance of the treatment the condition became as marked as before treatment was employed.

A Clinical Study of Scleroderma.—(Graham. *Idem.*)—

The first patient, forty-seven years of age, had previously suffered from rheumatism. The hardening of the skin began in March, 1882, and was first noticed over the back of the neck. It gradually spread, so that in about ten weeks the integument over the greater part of the body was affected. The movements of the limbs, as well as those of respiration, were impeded. The internal treatment adopted was liquor ferri iodidi and liquor arsenitis. A faradic bath over the surface of the skin was used. In six weeks the skin began to grow softer, and in ten months the patient was quite well. There has been no return.

The second patient, aged thirty-seven, was seen in May, 1886. There was a history of hereditary rheumatism. The disease had commenced some months previously. The first symptoms were stiffness of the limbs, with oedema of the lower extremities; then hardening of the skin over the hips was noticed. This gradually spread, and was accompanied with pigmentation. The treatment consisted in the administration of potassium iodide at first, and latterly of salicylate of sodium. There had been some improvement under this treatment. The following points were referred to: 1. That the disease is found principally in temperate climates, and occurs in seasons when there are sudden changes in the weather. 2. That it is more closely related to rheumatism than has been supposed. 3. That although morphea has in all probability a similar pathological origin to scleroderma, yet the clinical distinctions are so marked that at present it is expedient to treat it under a different name.

A member reported a case in which there were two large plaques on each pectoral region, and where benefit followed the daily use of the constant current continued for six months.

Trophoneurosis of the Skin Caused by Injury of the Median Nerve.—(Tilden. *Idem.*)—

The patient was wounded in the wrist by a circular saw four months before coming under observation. The wound was parallel with the limb, was sewed up, and healed in about ten days. Three or four days after the injury there was loss of tactile sense, and a feeling of numbness in the last two phalanges of the fore and middle fingers. This steadily increased. There was

at first a feeling of numbness in the thumb, but this gradually disappeared. Three weeks after the accident a bulla appeared upon the terminal phalanx of the middle finger. Similar lesions have developed from time to time upon the last two phalanges of the fore and middle fingers. The bullae appear every two or three weeks, and are unaccompanied by any subjective symptoms. These leave superficial excoriations which heal in the course of ten days. The skin over the affected phalanges is of a white color and of glossy texture. The growth of the nails is unaffected. There is entire loss of sensation in the skin covering the affected phalanges. The right hand is capable of exerting only one-half the power of the left, while the first and second interosseal muscles exhibit the reactions of degeneration. Six weeks' treatment with the faradic current caused decided improvement. Three weeks after stopping the treatment all the former symptoms returned. An exploratory incision was refused. Whether the trophic nerves exist as individual and special nerve fibers, or whether the motor and sensory nerve fibers are the ones by which the nutrition of the tissues is governed, is unknown. Injury or disease of portions of the nervous system affect the nutrition of the tissues in very many cases, such changes being commonly the so-called glossy skin and vesicular and bullous eruptions, followed by superficial excoriations. The treatment consists in the use of electricity and the application of blisters over the seat of injury. A last resource is to cut down upon the affected nerve and endeavor to relieve any constriction or pressure upon the nerve which may be found. If no such condition is detected, resection of a portion of the nerve might be advisable, since complete section is not apt to be followed by spontaneous trophic changes, and since it has been found that resection of a portion of the affected nerve is sometimes followed by the arrest of the trophic changes.

Exfoliative Dermatitis (Pityriasis Rubra) with Bullous Lesions.—(Graham. *Idem.*)—

The patient was forty-five years of age, stout and somewhat nervous, but had always been healthy. After a night of fatigue and exposure, when heated, a small red patch appeared on the pit of the stomach. Others developed, soon running together, leaving no healthy skin between. There was very little scaling at first and no moisture. The chest, arms, back and thighs presented the usual appearances of pityriasis rubra. There were neither moisture, crusts nor appreciable infiltration; the skin was shining and of a violaceous hue. In the morning a handful of scales could be gathered from the sheet, but they were not as large as usual. Three or four days after the first visit there appeared upon the thighs, abdomen and buttocks a number of tense bullae. Their appearance was preceded by a distinct chill and followed by a moderate elevation of temperature. The blisters did not run into each other. The bullae appeared in successive crops of not more than a dozen, each crop being preceded by a chill. Quinine was freely administered, and at the end of a week the bullae ceased to appear. The patient gradually improved. The case seemed to show that diseases usually supposed to run a dry course may, under certain circumstances, be complicated with lesions containing fluid.

Dyed Hosiery and its Relation to Skin Irritation.—

The *Polyclinic*, quoting from the *Journal* of the Society of Chemical Industry, says: "The term 'dyed hosiery' is limited to those articles which are dyed after their manufacture—not in the yarn. The main bulk of this consists

of either wool or cotton, or mixture of wool and cotton, known either as 'merino' or 'shoddy,' according to quality. With but few exceptions cotton hosiery is subjected to a mordanting process, which consists in impregnating first with tannin, and afterward an excess of some metallic salt, by which means an insoluble tannate is formed. The article is then subjected to a severe friction and rinsing, which removes soluble and loosely adherent particles. Mineral pigments, manganic oxide, lead chromate, Prussian blue or copper arsenite are not used. Ferric hydrate is about the only precipitated mineral substance employed. All colors which are easily dislodged by soap are avoided. The tannates precipitated on the goods are highly insoluble, because they have to be subjected to friction and frequent rinsing. The tin and iron tannates, separate or mixed, form the mordants for almost all colors, the two tannates being used on bright colors. This has been done for a long while. Tin tannate is decomposed by alkaline preparations, but no tin passes into solution. Iron tannate is very largely used for the production of blacks with logwood, and has been so used for many years, and, when we remember the quantities of iron taken into the system in food, it is difficult to see how the insoluble salts can act as irritants.

"The coal-tar colors may be divided for the purposes of this question into two classes, according as arsenic is or is not employed in the process of making the color. Under the first head may be included magenta, grenadine, aniline brown and maroon. Popularly it is supposed that arsenic exists in the hosiery dyed with magenta, but so far as cotton hosiery is concerned this is not true, while with woolen hosiery it is so little used that it may be ignored. In 1872 Dr. Sprinmuhl found in fourteen analyses of magenta from 0.5 per cent. to 0.25 per cent., but of late years the latter figure has not been reached, and the quantity is generally under 0.09 per cent. Cotton hose mordanted with tin tannate, rinsed, dried, soaped and redried, does not show on analysis any indication of arsenic.

Of the blues, violets and greens which are in use, some are met with as double salts of the color base and zinc. Experiments show that the zinc does not remain on the cotton.

The German Government, after a searching investigation, permitted the use of all the aniline dyes, except picric acid, for dyeing and coloring even articles of food. Manufacturers of aniline dyes agree that they do not know of any skin-irritating properties of the anilines from workmen whose hands and faces are continually covered with them. In these cases anilines in a soluble form are presented to the body, but in hosiery the colors are in as insoluble form as the dyer can make them."

Differential Diagnosis of Alopecia Areata from Trichophytosis Capitis.—Dr. Jackson (*N. Y. Med. Journal*) gives the following:

Alopecia Areata.—1. Occurs suddenly without antecedent lesion, and the patches often attain their full size at once.

Trichophytosis Capitis.—1. Begins usually at one point by a small erythematous papule or patch, and spreads from it more or less slowly.

2. Patch usually perfectly circular, and does not contain gnawed-off hairs, nor scales, nor crusts, but is perfectly smooth and shiny.

2. Patch more or less circular, with broken and gnawed-

off hairs in it, and floor covered with thick grayish crusts or abundant scales.

3. Hairs about patch unaltered, though at times they may be easily extracted.

3. Hairs in and about patch are brittle, break easily when pulled on, and bend at an angle.

4. Occurs only on hairy parts of the body.

4. Occurs both on hairy and non-hairy parts of the body, and patch will sometimes spread from non-hairy to hairy parts, and *vice versa*.

5. No parasite found, or at least not readily detected.

5. Fungus found abundantly in hair and scales.

Herpes of the Larynx.—Two cases are reported. In one there existed herpetic history of a concurrent herpes of the face and nose. The parts involved were the left side of the epiglottis and apex of left arytenoid. In the other case both cords were involved, as well as the left ary-epiglottic fold and superior posterior surface of the left arytenoid.

A third case was limited to the left lingual surface of the epiglottis, and was an exquisitely painful affection, so much so that the patient could not be induced to swallow anything but warm milk. There was no coexistent herpetic disease. Recovery ensued in ten days. Cocaine, locally, only gave ease for an hour or two.

Treatment of Acne.—Dr. Hutchinson claims that ninety per cent. of all forms of acne are due to some hyperæmic condition of the sexual apparatus, and his main reason for this belief consists in the fact that it almost invariably makes its appearance at puberty. He treated his patient so affected with local applications and internal medication, as is customary. Very little or no relief resulting at the end of three weeks, he began the use of the cold urethral sound in the male and the hot vaginal douche in the female. This was conjoined with a placebo. Benefit was derived in one or two weeks, and a cure in a month or two. —*Amer. Med. Digest.*

Acne.—Dr. Reynolds, for the deep or indurated form of this disease, lances the papular induration deeply, and invariably finds pus at the bottom, with a tendency to burrow still deeper rather than come to the surface. To prevent the wound healing over on the surface, which it otherwise would do, and leave a minute subcutaneous abscess to go on as before and remain indefinitely, he passes a probe dipped in carbolic acid to the bottom and fills the whole incision from the bottom to the top with a small piece of absorbent cotton, leaving it to granulate from the bottom, which it will never fail to do, leaving only an almost invisible scar.

Menthol in Urticaria and Pruritus.—A solution containing from two to ten grains to an ounce of water is said to give immediate relief in pruritus and the annoying itching of eczema.

Pyrogallie Acid in Dermatology.—Dr. Allan's experience (*Jour. of Cutan. and Ven. Dis.*) with this remedy in lupus, though limited, has been favorable. In cases where the disease returned in the cicatrix of the patch which had been scraped, burned or treated in some other way, this method has appeared of special value. The acid seeks out the individual nodules and determines a destructive inflammation in and about them, leaving the healthy tissue unchanged. He prefers the powder dusted on, or an ointment of a five to ten per cent., made with vaseline, or a combination of the acid with gelatine, collodion or gutta-percha, all of which are cleanly and easily applied. Still

the total destruction of the new growth by the acid alone is rarely possible; fresh nodules are apt to creep up again in the cicatrix. Here the mercurial plaster may be of service. Dermatitis or erythema may be set up by the use of the acid. A case of psoriasis is also mentioned where the ten per cent. ointment, used for two weeks, blackened and charred the tissues around the patch to which it was applied, and caused an ulcer which healed slowly. In another case there was vesication of the skin like a burn. This sloughed, and, when healed, left a disfiguring puckered cicatrix. At times much pain is complained of after using the acid, and the tissues become inflamed. In this case the application should be discontinued for a time and a bland ointment substituted. The intensity of the effect produced appears to be in a measure proportionate to the thickness of the layer of fixed dressing painted upon the parts.

Prurigo in Lymphatic Anæmia, or Hodgkin's Disease.

—Wagner (*Deut. Archiv. fur Klin. Med.*) records the history of three cases in which this symptom, not previously recorded, was present. The prurigo in most particulars resembled the disease recognized under that name. The papules occurred on the extensor aspect, and were also tolerably numerous on the flexor. They itched excessively, were dusky or dark-red, and in addition there were numerous small scars. Between the papules the skin was scaly, the hairs scanty; it was dry and thick when pinched up. The related lymphatic glands were swollen in various degrees. The question arises, Was the skin eruption the cause of the swelling of the glands at least the peripheral ones? The etiology of lymphatic anæmia is so obscure that it is impossible to answer this. Trousseau believed in a connection between glandular disease and irritation of the skin and mucous membrane. In Wagner's cases not all the glands were affected to which the vessels from the prurigo invaded areas proceeded. The prurigo in these cases did not begin in childhood. All ended fatally.

Resorcin in Epithelioma.—The patient (*Monat. fur Prak. Dermat.*) had eczema on various parts of the body, and, among others, a small patch on the sternum, which was so much irritated, partly by the friction of the clothes, partly by scratching, that a typical ulcer developed under the crusts of the eczema. The application of a 75 per cent. preparation of resorcin sufficed to cure the ulcer in a few days.

Tuberculosis Verrucosa Cutis.—Under this head is designated a disease (*Vierteljahr. fur Dermat. und Syph.*) of which a number of cases were seen in Kaposi's wards, in Vienna, and which, it is claimed, has not been described. It attacks persons of both sexes, but men in particular, is found on the backs of one or both hands, sometimes on the extensor aspects of the fingers, or between them, seldom on the palms or adjacent parts of the forearm. It may be taken at first for lupus verrucosus, or for an inflamed group of warts. It occurs in patches varying in size from a lentil to a crown piece, and in shape they are round, flat or serpiginous, when several unite at their edges. They enlarge at their margins by the appearance of new primary lesions, so that in old standing patches the latest manifestations are seen at the edges, while the central portions are at their height or undergoing resolution. The enlarging patch is surrounded by a bright red erythematous band, a few millimeters wide, which fades entirely under pressure. It is smooth and glossy, showing the glandular openings distinctly. Inside this band there is

often a brownish or livid zone composed of disseminated small pustules or a remnant of such. Nearer the center the surface becomes more raised and irregularly uneven, which increases centrally into warty growths with club-shaped or more-acuminated ends—papillomata. The surface of the central portion is generally covered with crusts. From fissures or pustules between the papillomata pus escapes when pressure is applied. Retrogression is shown by the papillomata becoming flattened towards the middle of the patch, the diminution of the crusting and the disappearance of the small abscesses. In later patches the center is even, slightly scaly or cicatrized. The patches are never firmly attached to the tissues beneath, but on the contrary are easily moved from them. The cicatrices are seated in the upper layers of the cutis, are thin and pliant, and present a fine reticulated appearance. The only subjective symptom is a feeling of pressure during the developmental stage of the disease, which on contact rises to a sensation of pain. Those affected were all more or less occupied in attending to animals or handling meat. The disease is chronic. The diagnosis is made upon the course of the disease as a whole rather than upon any characteristic symptom. It differs from lupus in not having brownish-red soft nodules and being accompanied in its course by inflammatory symptoms, in showing no tendency to ulceration nor recurrence in its cicatrices. While lupus hardly ever commences after puberty, this form has been met with exclusively in adults. From simple inflammatory papillomata described by other writers it differs in not being so inflammatory and developing slowly. From the vegetating syphilide it is diagnosed by the absence of the ordinary brown-red infiltration of its edge and by its history. Histologically there was found giant-celled tubercular infiltration. The disease seems related to that described recently by Leloir, as "suppurative perifolliculitis in patches." This is an acute disease reaching the highest point of development in about one week, and ceasing in three. On the hands and also on other parts circular or oval sharply defined patches, of a wine-red or bluish hue, are produced. Individual patches project two to eight millimeters above the surface, and are permeated by a large number of sieve-like openings which lead into small abscesses. All the examples recorded by Leloir occurred in persons occupied with cows and horses. But much more closely allied to this disease is the well-known verruca necrogenica, which affects those in the habit of making post-mortem examinations. These wart-like growths occur most frequently and severely on parts which come in contact with the cadaveric tissues, and are usually without any noticeable lesion of the skin or very insignificant scratches or fissures. A small red, smooth nodule is first seen on which a small superficial pustule forms. A crust is produced, which if removed is soon renewed. In the course of three or four weeks a wart-like papilloma develops which extends peripherally. A section of one of these showed the same microscopic structure as tuberculosis verrucosa cutis. It is thought that this latter was caused by direct inoculation with the poison of tuberculosis, yet all those affected were strong, healthy persons, who exhibited no signs of constitutional infection. Treatment consisted in excision or curetting, the latter followed by the application of caustic potash, nitrate of silver or iodoform.

Recurrent Scarlatiniform Erythema.—(*Lyon Med.*)—

This affection, which has been separated out from the entanglement of pathological conditions, which has hitherto

been confused under the title of pityriasis rubra, is distinguished by redness and desquamation of the skin and the habit of more or less frequent recurrence. After two or three days of general discomfort, a diffused redness begins on the trunk, and in an interval varying from a few hours to several days, spreads out over the whole body, with an occasional formation of minute vesicles. In three or four days desquamation sets in and continues for a few days, and often for a month. The succeeding attacks gradually diminish in intensity. After the first few days the general health is restored and remains so throughout the rest of the attack. The two diseases with which recurrent scarlatiniform erythema might most readily be confused are scarlatina and dermatitis exfoliativa universalis. With the former the confusion may be rendered greater through the fact that albuminuria occurs in cases of scarlatiniform erythema, but the rareness of the recurrence in scarlatina, the high temperature, the affection of the mucous membrane, the general disturbance of health, the infectiousness and the frequent presence of an epidemic—all help to render the diagnosis easy. From the general exfoliative dermatitis it may be diagnosed also by the greater intensity of the general symptoms which accompany this disease, and by the high temperature (99.5° to 102° F.) which may continue sometimes, with interruptions, for two or three months, while erythema passes off in a few days, and is never accompanied by any but slight fever. Atmospheric influences seem to play some part in its origin, for it is found to occur most frequently in the cold, rainy seasons of the year; at times it has been found in connection with acute rheumatism.

Sal Alembroth—Sir Joseph Lister's Latest Antiseptic.—Edmund E. King, L. R. C. P., in *Candian Pharmaceutical Journal*, says that Sir Joseph Lister now uses sal alembroth exclusively in his wards for dressings, and it has so far given very fine results. It is a double mercurial salt formed by the sublimation of a mixture of perchloride of mercury and chloride of ammonium, exceedingly soluble. The salt was known to the alchemists. It has not been used in medicine in modern times. Lister prepares all his dressings now with a 1-100 solution of this, gauze, cotton wool, lint, bandages, draw sheets, and, where the wound is covered by the shirt, it is rendered antiseptic by dipping it in the solution and drying it before the fire. To make any of these dressings all that is necessary is to soak them in this solution and dry. Not being volatile, it does not require to be kept in sealed tin cases. He also colors these dressings with aniline blue, 1-10,000, the benefit derived from this being that whenever an alkaline discharge comes in contact with the dressing the blue is removed and turned reddish, enabling it to be seen at once where the discharge has been, if the quantity was ever so small, and has dried up before the dressing was removed.

There is one precaution in using this dressing, and that is this: The dressing, being dry and frequently handled, might have some septic matter from bed clothes, hands, &c., so he always dips it in 1-2,000 perchloride just before applying it.

He is making a sal alembroth protective, which will be surcharged with the antiseptic so that as a discharge comes through a dressing it will come in contact with this protective and be kept aseptic. Martindale & Co., 10 New Cavendish street, London, England, prepare this for Lister.

SEPIA, AND ITS IMPORTANCE AS A REMEDY IN PULMONARY AFFECTIONS.*

BY DR. D. HANSEN, OF COPENHAGEN.

DR. HANSEN referred especially to three patients, all ladies. In cases which indicate *sepia* there is chronic induration of the lungs sympathetic with uterine affection. In all these cases the patients had had children—one a large family. In all there was infiltration about the apex. It is not enough to prescribe according to pathology, but the symptoms must be studied carefully. Stitches in upper part of the lungs under the clavicle, going along to the third rib, is a characteristic symptom. Dr. Heerman mentioned this to Dr. Hansen. Dr. Hale, of Chicago, had confirmed it. Another characteristic is hæmoptysis, which disappears on beginning to walk. A sensation of emptiness is also an indication.

In the family of one of the patients there was a death from tuberculosis. All three recovered. There is another characteristic symptom—pain in the occiput. This is sympathetic with uterine affections. One of the patients suffered from ozæna, another from psoriasis. *Sepia* did good generally, and cured all the affections, though other medicines and cod-liver oil had before been used in vain.

Dr. Meyerhoffer added that one characteristic symptom was pain on the left side of forehead and eye, which is sympathetic with the uterus. It is one of the most interesting chapters in pathology. When ladies (whether married or single) coming of parents of tubercular tendency are affected with diseases of the womb for a longer or shorter time, you may conclude that there will be affections of the lungs, and then, as Dr. Hansen has said, *sepia* will be found one of the most effectual remedies; and remedies directed to the lungs themselves will fail to touch them. As to the particular pain on the third rib on the left side, this is corroborative, but only secondary in importance, and must not be insisted on. In chronic congestion of the lungs in ladies who suffer from leucorrhœa or other uterine affections, *sepia* is one of the most efficient medicines. Dr. Meyerhoffer generally used the second and third decimal tinctures.

Dr. Mossa mentioned that an additional indication for *sepia* is chronic peritonitis in ladies after gonorrhœa caught from their husbands. There is often congestion of the lungs as well, and *sepia* is better than *thuja*.

* Read before the International Convention.

Dr. Cowl confirmed Dr. Mossa's observation of leucorrhœa consequent on gonorrhœa in married women, and much more severe than in unmarried. In one case it was fatal. *Sepia* he had used with considerable benefit in a number of cases, but he had seen more good from *pulsatilla*, and where there was acidity from *sabina*. He trusted more to general treatment and consideration of general symptoms than to local treatment. He used glycerine on a cotton tampon. He thought the limited use of pessaries was good, but that the abuse of them had done immense harm.

Dr. Runnels had had good results from *sepia*. He finds it more appropriate where reflex condition is present. Reference has been made to local applications. He would distinguish. It is not possible to cure all cases with *sepia* or internal remedies alone. He had had cases of illness recurring and recurring until the local affection was attended to.

Dr. Shäder confirmed Dr. Hansen's remarks, and pointed out Hahnemann's intuition in indicating the place of *sepia*, and also that it was from the effects of high dilutions that these were observed.

Dr. Hughes could not quite agree with Dr. Shäder. *Sepia* was in the first edition of "Chronic Diseases," and the symptoms were exclusively from patients from dilutions from 3—12 upwards. There is good reason to suppose the medicines were generally given from the second to the third triturations. In the second edition 400 symptoms were added, and these were from the thirtieth, but three-fourths were from the stronger.

Dr. Hansen, in reply, said that the first introduction of *sepia* in pulmonary affections was by Dr. Kunkel, of Kiel. Carroll Dunham pointed out that in the early provings no examination of the uterus was made.

Treatment of Indolent Ulcers by Electricity.—Dr. C. E. Fisher (*Southern Journal of Hom.*, June, 1886) states that he is indebted to an accident for what he now believes will prove the best treatment for those indolent ulcers situated chiefly on the leg, "which are the worry of the country practitioner's surgical life." He gives the following cases:

Mr. C. M. P., aged about forty, in fair health, and of active habits, bruised the skin over the anterior surface of the right tibia, and from this injury, received a year ago, came an open sore about the size of a silver dollar. It ran about the usual course of all such sores. There were pain, œdema, fetid discharge, ragged edges, excoriation, &c. He had consulted physicians in Tennessee and in Michigan, and from one in the latter State had learned to apply iodoform, adhesive straps and the roller bandage. Under this

treatment the leg improved somewhat, and the patient thought for a while he would get well. Upon removing to Austin he applied to me to have the treatment continued. I simply applied the dressing according to the Michigander's directions. This treatment was continued awhile, and the leg steadily got worse. Mr. P. finally concluded to place himself under my care, and came to my office for this purpose.

I had been faradizing a patient, and my battery was open. Without knowing why, I resolved to treat the sore with electricity, and gave the patient a ten minutes' seance, the negative pole to the skin, the positive under the limb opposite. I bade him discard all bandages and straps and iodoform, which he did with reluctance.

The effect was astonishing. In two days the sore was smaller by one-half, and two more applications cured entirely. Two months have elapsed and the leg is perfectly well, the œdema has entirely disappeared and the discoloration peculiar to such cases is scarcely noticeable.

Another case is that of Mr. F. C., aged 45, brother-in-law of the patient just mentioned, who has had a succession of varicose ulcers on the leg above the ankle, the result of a severe cut by an axe just above the knee. His leg was very œdematous, deeply discolored, the seat of great pain, and there was an ulcer about the size of a silver dollar just below the external malleolus. Five applications of the faradic current, seances of ten minutes each, negative pole to the sore and positive moving freely up and down the leg, healed the ulcer perfectly, dissipated greatly the œdema, and removed the discoloration almost entirely. This patient is still under occasional treatment, because, as he says, it is the only thing in almost seven years of treatment that has done him permanent good, and he is loth to discontinue yet.

Still another is Mr. W. J. E., aged 23 years, who, while at work on a building, pushed too hard against the end of a joist, bruising his left inguinal gland. Suppuration followed, and the gland sloughed out in part, leaving an ugly open sore, with inverted edges. He had had four months of treatment at the hands of two old-school surgeons, one of considerable ability, and was quite discouraged when he came to me for advice, his old-school friends wanting to dissect out the remainder of the gland and perform a plastic operation.

I determined to try the faradic current in this case also, and the result is most gratifying. Healthy granulations began at once to spring up, the edges, which were bluish, ragged and inverted, assumed a normal appearance, and six seances were sufficient to fill up the cavity and heal the wound.

I would earnestly recommend those of you who have electrical apparatus to give the faradic current a chance in any cases of indolent ulcer you may meet with. The treatment is a clean one, painless, is not protracted—and it cures.

Pine Wool as a Dressing, and Pine-Needle Oil as a Styptic and Antiseptic.—Pine wool or fiber is prepared from the leaves of the *Pinus Australis*, the long-leaf pine of the Southern coast.

The green leaves are stripped from the trees, the oil is distilled from them, and they are then treated with caustic lye. The finished product is a fiber as strong as jute, which is spun and woven into carpets. It is durable, takes dyes without a mordant, imparts a soothing balsamic odor to the rooms, and wears glossy and smooth. A fabric pos-

sessing such properties suggests itself at once to all those parts of hospitals where carpets are admissible. The pine wool which the same factory—in Wilmington, N. C.—prepares in bats for surgical dressings is brown, soft and elastic. It has a rather pleasant odor, and as it comes from the factory it needs no impregnation with other antiseptic material than that inherent in the fiber. The cheapness of this material and its eminent qualities will soon recommend it to private surgical cases, but more particularly to large hospitals.

Pine-needle oil is best obtained from leaves gathered in July. It oxidizes in the air more rapidly than oil of turpentine, is more viscid and gummy. The qualities which make it superior to other similar dressings are:

1. That it makes, when applied to cotton or pine wool, an impervious, unirritating dressing.
2. That its odor is rather pleasant, and its powerful antiseptic action keeps wounds sweet for days.
3. That it is markedly styptic.

Such a dressing as above described is admirably adapted to lacerations of the hands and to all compound fractures. We believe that the pine-needle oil would be a far better styptic to the small bleeding vessels encountered in ovariectomy than sub-sulphate of iron, and for the topical dressing in ovariectomy the wool is all that could be desired.

Cocaine in Cataract Extraction.—In the *Journal of the American Med. Assoc.*, Aug. 21, 1886, Dr. George E. Frothingham publishes some cases illustrating the safety of cocaine as an anesthetic in cataract extraction, and summarizes his conclusions as follows:

1. Cocaine relieves the operator from the embarrassments during the operation for cataract that arise from vomiting; also from the agitation of his patient which results from excessive bronchial secretion or stertorous breathing. These are often very troublesome when ether or chloroform is used.
2. The danger to the result which often arises from nausea and vomiting after the extraction, when other anesthetics are employed, is very surely avoided when cocaine is selected as the anesthetic agent and is properly employed.
3. The danger arising from the depressing effect of cocaine upon the nutrition of the cornea is no greater than in cases where ether or chloroform is used. The depression of the circulation which often arises from either of them may affect very injuriously the corneal nutrition.
4. The disturbance of the circulation of the interior of the eye, and consequent danger of panophthalmitis from this cause, is probably less in using cocaine for this operation than in resorting to general anesthesia.
5. The danger of sepsis, and consequent panophthalmitis, from the use of cocaine may be avoided by using only fresh solutions.

A New Method of Treating Fistula in Ano.—Dr. Ernst. F. Hoffmann, in the *Medical World*, describes a plan of treatment, original with himself, which, he states, has been extremely successful, resulting always in speedy recoveries, with but little discomfort or inconvenience to the patients. By means of a flexible silver probe with an eye he carries a silk thread from the outer opening through the fistulous canal into the rectum; then, withdrawing the probe and fastening to the thread a rubber tube as large as can be introduced into the canal, he carefully draws this

tube by means of the thread through the fistula and out of the rectum, when he secures both ends of the tube together. This part of the operation being accomplished, there is little more to do than to await the result. The rubber tube will soon set up a destructive irritation of the sanious membrane, and in a few days in place of the characteristic serous secretion from this membrane there will appear a healthy purulent discharge. Then already there has begun the disintegration of the membrane.

This tube is allowed to remain a few days longer, when it is replaced with another tube, say one-half the diameter of the tube displaced. The new tube should be introduced by attaching it to the outer end of the tube to be displaced, drawing it through the canal and fastening its ends together, as directed with the first tube. In a day or two healthy granulations will be observed, the membrane being obliterated, closing in upon the tube. When this occurs, a thin rubber string is again by the same method introduced in place of the second tube. Within another day or two it will be found that the healthy granulations have closed in upon the string, when finally, and as a finishing procedure, the string is replaced with a fine, flexible silver wire. In a few days this latter may be safely withdrawn, the fine opening will promptly heal, and the fistula be permanently cured.

Almost any fistula treated by this method should be cured in from ten to fourteen days, while by ligation the agony is prolonged from four to ten weeks. It has also the advantage of giving very little pain, and the patient can go about his business while the treatment is in progress.

The Use of an Abdominal Bandage in the Second Stage of Labor.—(Dr. J. Wesley Welker *Therap. Gaz.* Sept. 15, 1886.)—I now use a bandage which I constructed for that purpose, which resembles in shape the lower half of a corset, except that I have it open on the side, making a back and abdominal piece, which I unite by means of straps and buckles. I can thus adjust it more easily to fit different sized patients. * * * In conclusion, let me repeat the benefits that may be derived from the use of an abdominal bandage during labor: By applying it during the first stage of labor we do away with the restlessness so peculiar to that stage. Secondly, we shorten the duration of the second stage of labor, and by so doing we deliver the woman before she has worn herself out by contracting the muscles of the chest to stimulate the abdominal muscles to help the uterus expel its contents.

Mal-Diagnosis.—(*Jour. of Cutaneous and Venereal Diseases*).—An examination of the record of the reports of contagious diseases submitted to the Board of Health of this city for the past twelve weeks ending January 16, discloses the fact that seventy-two cases of small-pox had come under the observation of the Health Board within this period. In addition to these cases of undoubted small-pox, thirty-eight cases were reported as such, which, upon investigation, were found not to be small-pox. The large number of mistakes in diagnosis disclosed by this exhibit, it may be remarked, is the more significant considering the comparatively few cases of small-pox in the city. In the presence of an epidemic outbreak of the disease, when physicians are more keenly alive to the possible variolous nature of even doubtful eruptive diseases, it may reasonably be inferred that a proportionately large number of mistakes would occur.

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TWO NEW HOSPITALS.

THE State of Massachusetts has appropriated \$330,000 for a "Hospital for the Insane," which has been located at Westboro on a farm of 264 acres, one of the most beautiful and healthy situations in the State. The trustees of the new institution were fortunate in securing for its first superintendent the services of Dr. N. Emmons Paine, a son of the old war-horse of the new school in this State, Dr. H. M. Paine, of Albany. The new superintendent has brought to his work ripe scholarship, earnest convictions and thorough practical training, having been a graduate of Hamilton College, of the Albany Medical College, and for four years assistant physician in the New York State Homœopathic Asylum for the Insane, at Middletown, where he rendered most efficient service.

It is fortunate for the State and for science that the trustees and the superintendent are thoroughly united in their effort to incorporate into the new institution the most practical ideas in the construction of the buildings, of the most successful asylums and the ablest alienists in the world. The result has been, so far as the grounds and buildings are concerned, a really model institution.

The connected buildings, which will accommodate about 400 patients, cover an area of 450 feet by 375 feet, all the wards being connected by tubes and telephones with the main office. The food is transported in small cars, hot as it comes

from the kitchen, to the most distant parts of the building, where patients may be confined who cannot go to the main dining-room, which is seventy feet long, fifty feet wide and twenty feet high, lighted in front by seven mammoth oval windows eighteen feet high by nine feet broad, which let in a flood of light from the southwest. These windows look out upon the lake and lawn with their beautiful surroundings.

In the utilization of this dining-room as proposed a new departure is taken, in that patients, male and female, will daily be conducted to their meals and eat in the same room. The seating capacity of this hall is about 250. Dr. Paine says: "In all the existing hospitals in Massachusetts the system known as the 'segregated' dining-room plan is in vogue. The peculiarity of this system is that the various wards of the institution are entirely separated. The inmates rarely see any of their fellow patients, excepting those living in the same ward. Each of the latter has connected therewith its own dining-room, in which the inmates, when in condition to do so, meet at meal times. The new system to be applied here, viz., the 'congregate' plan, is found in but few hospitals in the United States. Some are found abroad, notably in England and Scotland. In these hospitals there is one large dining-room for all the patients who are in a state of health that allows them to take their meals in general society. This ordinarily covers about three-quarters of the whole number. The remaining patients eat in their own wards or apartments. As a matter of economy the 'congregate' system must have the advantage, which is universally conceded. There is, however, quite a difference of opinion among professional men and those engaged in the care and treatment of insane persons as to its effect upon patients, but the opinions of the most advanced thinkers upon the subject, more especially those who have tried the new system, are decidedly in its favor. It has been demonstrated that it is a pleasure and advantage to patients to be conducted every day from the perhaps too familiar surroundings of their wards to a cheerful dining-room, and that the association in this way with other inmates has a soothing and restraining effect. This opinion, I may state, is

held by superintendents of Massachusetts hospitals, notwithstanding that the old system still prevails with them. The gentlemen referred to agree in saying that if they were to advise in building new hospitals they should certainly recommend the 'congregate' dining-room plan. Practical demonstration has shown that all inconveniences arising from difference of sex and condition are easily removed by judicious arrangement of the tables, therefore the congregate plan will be fully carried out, and I can bespeak for it perfect success."

An excellent billiard-room, a well-stocked library and a large sunny room for recreation add materially to the comfort and pleasure of the inmates, and form an important factor in the process of cure. The heating and ventilation of the institution are as perfect as the resources of modern science have been able to produce. Under the management which has shown such excellent judgment in the organization of the Westboro Hospital for the Insane we predict for it a brilliant future.

Through the munificent gifts of two prominent gentlemen of Detroit, Mr. James McMillan and Mr. John S. Newberry, who have subscribed \$100,000 each for the purpose, a free hospital will soon be erected in that city, to be under the medical direction of physicians of the new school. The plans are now being prepared by Mr. Gordon W. Lloyd, the architect, after a tour of inspection with Dr. C. A. Walsh, which included visits to all important hospitals, asylums and sanitary institutions in the country. Taking advantage of the improved principles of hospital construction which Mr. Lloyd and Dr. Walsh have studied in their tour of inspection, they will without doubt, with the \$200,000 at their command, be enabled to construct a building as perfect as science and art will permit for hospital work.

THE ONE THING WANTING.

THE *Therapeutic Gazette* for September 15, 1886, contains a somewhat elaborate paper by Dr. F. C. Herr on "The Essential Nature and Scientific Therapeutics of Cholera Infantum," in which we find the following statements:

"Perhaps no graver subject could enlist the attention of the physician than that which concerns the health and life of infants during the hot summer weather. The frequency and the fatality of cholera infantum, as well as the uncertainty of therapeutics in controlling its history, invest it with profound interest, and mark it as a subject requiring careful investigation. Whatever of misgiving and of ill success may be reputed to the past in our relations with this disease, it is obvious to the writer that the present outlook threatens to revolutionize old hypotheses and old modes of practice, and yield results which will justify the declaration that 'cholera infantum is now a manageable disease.'

" * * * It seems clear to the writer that any scientific classification of disease must assign cholera infantum to the group of pyrexias. * * Facts are daily accumulating which fortify this opinion, and its ultimate acceptance is assured beyond the peradventure of a doubt. Tennyson has well said: 'Science moves but slowly, slowly, creeping on from point to point.' Smallpox has lost its terrors through the power of prophylaxis in vaccination. Hydrophobia has been handicapped by the experimental researches of Pasteur, and one by one will these mortal foes of health come within the limits of controlling power. But we must break the moorings which link us to the ancient philosophy of our art. The medical practitioner who draws the inspiration of his therapeutic power from text-books will find a sad sequel to his summer's experience with cholera infantum. The recognized therapeutic resources of the past have been painfully ineffective in their application to this disease, and this inefficiency grew out of mistaken conceptions regarding the etiological and pathological basis of the disorder. The popular belief has been the professional belief in respect to the causation of cholera infantum, and the practice has been in accordance with this belief, namely, that food and dentition were the active factors in the production of cholera infantum. I own that food may be the sole excitant of morbid action in the gastro-intestinal system, but food alone does not originate that morbid entity which we designate cholera infantum. * * * The tendency has always been too much in the direction of exalting into perilous prominence the dietetic factor in the production of these affections. Engrossed with this thought, other lines of thought were shut off and progress necessarily retarded. * * * The clinical history of the affection clearly shows that as a morbid entity it comprises more than a mere derangement of the gastro-intestinal sys-

tem. In the interpretation of the phenomena which characterize the disorder what importance shall we attach to the profound enervation, the stupor, the sunken eye, the depressed fontanelle and the general pallor? Are not these phenomena far more grave than the diarrhoea and the emesis? Do they not denote a measure of disorder which mere diarrhoea and vomiting do not produce, and does not a scientific, comprehensive explanation of all those phenomena refer them to the same proximate cause? * * * To slightly paraphrase a sentence of Dr. Tilt's, I may say that cholera infantum should be thought of as having its *fons et origo* in the ganglionic nervous system. * * * The depression, and weakness, and pallor, and intestinal relaxation, with emesis, which sometimes come with the suddenness of surprise to infants in apparent good health, can be ascribed to no other influence than a paretic condition of the vaso-motor nervous system. Extreme, long-continued elevation of atmospheric temperature, as observed in temperate and tropical climates, supplies all the conditions necessary for the evolution of cholera infantum. * * *

"This brings me to the consideration of the therapeutics of the disease. If I had only to speak of Dover's powder and chalk mixture, bismuth and ipecac, mercury with chalk, &c., I should refrain from saying anything, in the belief that these matters have been fully written upon by numerous authors. Except in rare cases I regard these remedies, equally with astringents, &c., as contraindicated in the treatment of cholera infantum. Their employment has yielded no results which justify definite conclusions. * * * In the therapeutics of cholera infantum it will be found that these remedies do not meet the pathological indications. They may control the excessive discharges, but they will not correct the disordered nervous system, which is the underlying causal factor in the disease.

"It will be found from a careful study of the subject in its entirety that those medicines are most available which, from a study of their physiological action, are found to influence the ganglionic nervous system in the direction of stimulation. * * * I may mention in this class of agents the following ones as the most important: Aconite, belladonna, arsenic, nux vomica, opium, hydrocyanic acid, caffeine and cocaine. I am well aware that the employment of these remedies in the treatment of cholera infantum is not the established practice, but it will not for that reason be contended by any one that they are without efficiency. * * * The indications

in this disease are largely met by the administration of belladonna, and in my own experience it has yielded excellent results. Belladonna is indicated here by reason of its action antagonizing that morbid process which is expressed in cases of cholera infantum. The diseased action and the therapeutic force of the drug are opposed to each other. * * * Aconite holds a rank in no degree inferior to belladonna. In the first stages of cholera infantum it is especially valuable. When the pyrexia is high, the evacuations frequent and the distress very marked, aconite will afford prompt and effectual relief. Great caution is essential that too much be not given, else its therapeutic power will be lost in its toxic action. At first sight it may appear a gratuitous assumption to many that aconite should exert any influence over this disease; but when it is remembered that aconite has a decided influence over the vaso-motor system, producing free diaphoresis, and stimulating the cardiac inhibitory nerves, it is obvious that it meets the indications for treatment. Hydrocyanic acid, by reason of its stimulating action upon the vaso-motor centers, is also valuable in these cases of undoubted paresis of the sympathetic."

Now we cannot, of course, affirm positively that our essayist derived his indications for any of the above-mentioned remedies either directly or indirectly from the source to which, we are glad to say, so many authors and practitioners of the old school are at the present time constantly resorting. Certain it is, however, that aconite, belladonna, arsenic, nux vomica and opium are among the medicines chiefly relied upon by new-school physicians in the treatment of cholera infantum and its allied conditions. It is unnecessary to point out how greatly Dr. Herr's recommendations would have gained in point of practical usefulness had he been able or disposed to supplement his pathological reasonings by a reference to the symptomatology of these agents as set forth in the materia medica of that school. He could then have instructed his colleagues, not merely concerning the general hypothesis on which their treatment should be founded, but also how to adapt that treatment, with the utmost precision, to the exigencies of each individual case. As it is, he gives only the most general indications for the use of aconite and belladonna. Arsenic, nux vomica and opium receive no further mention of

any kind; while, as if to compensate for this omission, we are told of the excellent results which have followed the administration of such articles as ergotine and cocaine.

Only by the full and candid recognition of *every* truth that has established itself within the domain of therapeutics can the prospect be realized which is held out in the concluding sentence of Dr. Herr's communication:

"The medicine of the future must diligently seek to eliminate every element of uncertainty, and we will have established an art whose foundation rests upon a science as comprehensive as nature."

PNEUMATIC DIFFERENTIATION IN THE MANAGEMENT OF PULMONARY DISEASES.

AMONG the physicians of to-day there appears an increasing loss of confidence in the remedial power of drugs, and a growing tendency to rely more than formerly upon the natural means that maintain the equilibrium between organic waste and repair, that we call health. The exhibition of a medicinal force is found to depend upon so many factors that are entirely beyond our control that its action is necessarily uncertain, while, in comparison, the action of the forces that enter into the nourishment of tissues, and that make possible the continuance of functional activity, are so much better understood that they are more capable of prediction. It is known that the air we breathe and the food we consume must contain a certain proportion of life-sustaining constituents, or life cannot be maintained; and this is true whether drugs are administered or whether they are not. The question therefore arises, Are drugs essential to the restoration of health, if the natural means of nourishment—the physiological remedies—are supplied in the necessary proportions? This question has long since been answered in the affirmative, but there are reasons for believing that drugs will occupy a subordinate position in the treatment of deranged health, when compared with the place filled by those agents which afford nourishment and stimulate organs to perform their normal functions. Viewed from this standpoint, the necessity for the use of drugs must in many instances be looked upon

either as a confession of our ignorance of the laws of health and of their application, or as a state of the system in which, the equilibrium having been disturbed, some foreign force must be called into operation to enable the forces of nature to resume their activity. Perhaps no malady from which man suffers is more intimately associated with nutrition and functional activity than phthisis pulmonalis, and hence the most rational plan for the treatment of this disease is based in a broad sense upon hygienic principles, in a narrower sense upon supplying the excessive organic waste, and immersing the patient in an atmosphere that will relieve congestion of pulmonary tissue, and induce activity in those parts of the lung where tubercle is most likely to develop. Now, as is well known, such an atmosphere is characteristic of our high altitudes. Life under such conditions induces deeper respiration, and hence calls into action those parts of the lungs that, being almost stagnant, invite the development of tubercles, and at the same time, but perhaps in a limited degree, reduces pulmonary congestion—certainly any stagnation that may exist in the vascular channels. The rarefaction of the air also possesses in a pre-eminent degree the essential elements for purifying the blood, and hence of nourishing the tissues. But there are many persons who suffer from phthisis, or in whom the disease is beginning to develop, who are not able to leave their homes and live in our own sanatoria—for we believe that it is rarely safe for tubercular patients to return to their homes, even after all evidence of disease has disappeared—and a still smaller number who can seek the greater altitude of Varos or St. Moritz, in the Alps; or Bogota or Arequip, in the Andes. For such persons the pneumatic cabinet of Dr. H. F. Williams must prove of great benefit. It seeks to supply a rarefied atmosphere, but it accomplishes more. By the method of its construction another principle is introduced—that of "pneumatic differentiation," by which, in addition to other effects, the congestion that is so much a part of phthisis pulmonalis is relieved; for the blood is forced or sucked out of the lungs into the general circulation by the compression exerted upon the air spaces. The addition of "pneumatic

"differentiation" to pulmonary therapeutics has perhaps been too recently made to draw any very positive conclusion from the statistics thus far furnished, or to define very accurately its particular sphere of action, but enough has been learned of this physiological remedy to place it among our most valuable means for the treatment of pulmonary diseases, and also, it seems to us, to point most emphatically to the incipient stages of phthisis while yet the lung is healthy, as far as a neoplasm is concerned, but inactive, and through passive congestion fast becoming an agreeable spot for the development of tubercles, as the peculiar field for its application. As in diseases of other organs, much can be accomplished by restoring their physiological activity, and in disease of the lungs we have gained a great deal when we have forced them to expand, and opened the closed air spaces. In a word, when we have applied a physiological remedy without removing our patient from the comforts and kindly ministrations of his home.

"NOVEL TREATMENT OF WARTS."

Hear the journal with the bells,
Chestnut bells!
What a world of mighty cure its
Monody foretells.

WE HAVE just learned from our esteemed contemporary, the *Medical World*, that "*thuya occidentalis* (arbor vitæ) is credited with the remarkable property of causing the disappearance in a very short time of all kinds of vegetations and warty growths by its internal administration. Many successful cases are reported by French physicians; in fact, it is said to seldom or never fail. It is given in the form of tincture, from ʒ ss to ʒ j, two or three times a day. Its action is regarded as quite phenomenal in this direction. Among others, Dr. Constantin Paul reports the cure within fourteen days of non-syphilitic warts which covered the genitalia of a woman. It is said to be equally serviceable in the case of condylomata and other similar growths."

This drug was introduced to the profession about fifty years ago, and has since been largely employed by physicians of the new school. Its rediscovery at this late date by the solons of the

old school after fifty years of successful use by a portion of the profession is a proof of the wonderful strides they are making in therapeutics. Not only has the specific use of *thuya*, but of calcium sulphide of aconite, merc. cor., and a host of other drugs been so clearly pointed out by Hahnemann and investigators of the new school, that the old school has rediscovered them without difficulty.

Our esteemed medical brethren have been told precisely where to go to find certain remedies, and *mirabile dictu* have gone and found them. Search away, good friends, and you may possibly unearth from the same pile of rubbish other facts equally valuable.

NITRO-GLYCERINE IN COLLAPSE.

A REMARKABLE case of resuscitation from apparent death by the hypodermic injection of a one per cent. solution of nitro-glycerine is reported. The patient is said to have been pulseless, and *rigor mortis* is reported to have already set in. Of course a single case, and especially one that may have been simply hysterical, counts for little, but to the experienced observer in the use of this powerful remedy it opens a new and somewhat wide field for investigation. Naturally the use of this agent is suggested in all cases of collapse, and particularly in that from the effect of anæsthetics and from the shock of surgical operations. It doubtless will be tried under a variety of circumstances, and we shall soon know whether we have in this an agent of such wonderful power as appears to some.

The physiological effect of nitro-glycerine is profoundly upon the vaso-motor nerve centers, and by some claimed to be limited to this sphere, and all its other phenomena are supposed to be in consequence of this action. We have administered a single drop of a one per cent. solution to susceptible persons with tremendous effects, so that the patient was frightened by the severity.

Nitro-glycerine is being employed largely now in various affections which tend to collapse, such as angina pectoris, some forms of nephritis, and is being studied more closely than ever. The time was when its use was confined chiefly to the

flushing headaches which come at the menopause and at other times, but it has been found useful in cases of acute nasal catarrh, in affections from over-indulgence in alcoholic stimulants, as well as in a variety of other affections. We are confident the remedy will find a large place in our therapeutic armamentarium.

CONTINUOUS RECTAL ALIMENTATION.

THE DIFFICULTY in intermittent feeding per rectum lies in the fact that the enemata, though small, are apt to cause a desire for defecation. It occurred to Dr. Duncan J. McKenzie (*Brit. Med. Journ.*, June 19, 1886,) that we might imitate the process of nature more closely by the gradual passage of a fluid from an artificial cavity in which its digestion takes place into the rectum for absorption. In this way the supply keeps pace with the absorption, and the belly is not loaded. The way in which he proceeds is as follows:

A piece of celluloid catheter (No. 5) is passed into the anus for about two inches. If passed too far there is a risk of its being closed by the folds of gut. When once introduced the sphincter closes upon it, and its presence is hardly felt by the patient; and the celluloid, rigid when introduced, becomes rather softer from the heat of the body. Previously to introduction this piece of catheter is passed through a thick piece of india-rubber, perforated so as to grasp the catheter tightly. To the four corners of the india-rubber are attached tapes, which are tied, two in front and two behind, to a band round the loins. The india-rubber is passed close up to the anus, and the tapes are tied as tight as convenient. Over the outer end of the catheter is passed one end of a piece of fine india-rubber tubing, such as is used for babies' feeding bottles. The piece of tubing should be about two yards long, and its other end slipped over a metal tube let in close to the bottom of a moderately tall narrow vessel, made of tin or other material, and capable of holding a pint of fluid. To increase steadiness the bottom is leaded on the outside. The only other apparatus required are a milk strainer to fit the mouth of the vessel, a table about the same height as the

bed on which the patient lies, a few small boxes, or some suitable support by which the elevation can be varied, and an ordinary tea caddy.

A pint of milk is warmed to a temperature suitable for pancreatic digestion; a little bicarbonate of sodium and a proper quantity of some preparation of pancreas are added, and it is allowed to stand in a moderately warm place for half an hour. It is then passed through the strainer into the vessel mentioned above. Dr. McKenzie finds that after standing half an hour the milk leaves little or no curd upon the strainer, and, when strained, readily passes through the tubes. If the curdling of the milk by the pancreatic extract give trouble it may be prevented by previously adding one-fourth of its bulk of water to the milk. (Roberts.)

The milk, having been put into the vessel, which acts as the artificial stomach, it is raised from two to two and one-half feet above the level of the patient's bed, the height being altered according to the rapidity with which the milk runs through the tube. The vessel is then covered with the caddy to keep it warm, and, if necessary, a heated plate may be put under it at intervals. The pint of milk should run into the rectum in about three hours, which time fairly corresponds to the average digestion period of pancreatized milk. If a desire for defecation be felt the flow should be made slower, or the apparatus entirely removed for a time.

When the milk has all run out the apparatus is removed, some clean water passed through the tubes, and the patient allowed to rest for a time before reintroduction.

In this way a patient of Dr. McKenzie's, suffering from cancer of the stomach, in whom the colon was obstructed at the junction of the transverse with the descending portions, received an average of three pints of milk per day for a month, with an average daily evacuation of about a pint, consisting chiefly of curd. His nutrition was fairly kept up until vomiting of blood, mucus and fecal matter became excessive, and after death the whole descending colon was found well nourished and containing condensed milk. His evacuations generally took place from two to eight or nine hours after milk had been administered, care

being taken not to give any when the rectum felt irritable.

TREES IN RELATION TO HEALTH.

THE subject of planting trees in the streets of cities and villages has been recently brought very strongly before the people, as a matter not only of ornament and pleasure, but of public health. We know that the destruction of forests leads to a drying up of the soil and watercourses, changing the character of a country from beauty and prosperity to poverty and desolation. A law for the protection of our forests and the proper planting of trees, so far reaching and judicious in its character as to apply to cities and villages and homes everywhere, would be of the greatest public benefit. Thus the kind of tree to meet the conditions of different localities should be carefully studied, in relation not only to beauty and shade, but also to their action upon the soil and the atmosphere as antiseptic agents and as destroyers of malaria. The beneficial effects of balsamic trees in forests and otherwise has long been noticed, and attributed generally by scientists to the supposed fact that plants evolved ozone by a process of slow oxidation, which flowers were incapable of doing. Ozone and the peroxide of hydrogen are kindred substances. Some few years ago Mr. Kingzett, a distinguished English chemist, in pursuing a very careful line of investigation on oxidation, formed the conclusion that it was not ozone plants produced, but peroxide of hydrogen. He found that vegetable oils and turpentine absorbed oxygen with great rapidity, not as sugar is absorbed by water, for the gas entering into combination with them forms new substances. Subjecting common turpentine, which seemed to have the power of absorbing oxygen more rapidly than any other substance, to a current of warm air in the presence of water, the oil became oxidized, its molecules splitting up into peroxide of hydrogen, camphoric acid, &c. These experiments, in which the process of nature in the trees was closely imitated, convinced the chemist that the hygienic influences of balsamic trees were produced by the constant evolution of peroxide of hydrogen, soluble camphor, camphoric acid, thymal and certain camphoraceous bodies,

caused by the volatilization and oxidation of naturally secreted oil, of which terepine is the active principal. Subjecting turpentine to a process similar to what the chemist supposes the balsamic juices undergo in nature, he has converted it into a combination in which the peroxide of hydrogen, camphoric acid, thymal and certain camphoraceous bodies enter strongly into its construction, to which he has given as a commercial product the name of "Sanitas." This fluid is worked into soap, articles for the toilet and powder for disinfection. It has long been used in the hospitals of Europe, in the sick room and in medicines wherein microbes are to be destroyed and the properties of peroxide of hydrogen utilized. Being without any special toxic action, it can be given internally as well as applied externally, and in the atmosphere which may be filled with it bringing the life-giving odor of the forests to the home. The chemical process is an exceedingly interesting one from a scientific standpoint, and if its claims are correct—and they are certainly easy of proof, both chemically and practically—utilizes another of the great, but simple, processes of nature for the destruction of micro-organism and the promotion of public health.

A NEW ANÆSTHETIC.

A CURIOUS story is told in the initial number of the *Pacific Record of Medicine and Pharmacy*, where it is credited to the *New York Star*. It relates to "a little bald-headed dentist living in Brooklyn," who sent invitations in the early part of last August to the eminent doctors in this city and Philadelphia, asking them to be present at a series of experiments that he proposed with a new anæsthetic he had discovered. A few days afterward six well-known physicians and a reporter awaited his arrival in the parlor of an up-town dental establishment. When he came he began by telling the story of his discovery. He said that his compound was something entirely unknown hitherto, and the result of five years' work. "He wound up by asserting that his discovery produced natural sleep almost instantaneously, and the patients recovered of their own accord, invigorated and refreshed. He then hobbled into a side room, and soon appeared

with a decrepit old woman. He promised to remove all the decayed stumps from her mouth if she allowed him to use his anæsthetic in the operation. He saturated a napkin with a substance that looked like water and emitted a pleasant odor. For an instant he held it over the old lady's nose, telling her to breathe freely, and in thirty seconds she was unconscious. He allowed the napkin to remain, and for over two minutes he worked, extracting sixteen teeth. The patient never moved, and to all appearances she did not feel any pain. On removing the napkin she revived almost immediately, and stepped out of the chair as fresh and hearty as when she got into it.

"She said that she had a vague idea of what was going on while under the influence of the anæsthetic, but could not move hand or foot. She was reminded of a person in a trance, and described the symptoms she experienced as a sort of suspended animation. She said she knew that the dentist was pulling her teeth, but she felt no pain.

"Eight other persons were made unconscious, and kept so from a half to two and a half minutes." In one case the napkin was allowed to remain for six minutes. The patients told stories similar to the old lady's, and went away in good spirits. The reporter was the last subject, and these, in brief, were the sensations he experienced:

"From the moment the napkin was placed over his face a feeling of unconsciousness came over him, and at the end of the third free inspiration everything became blank. His arms hung at his side, and he could feel that they were there, but they were beyond the control of his will. A sense of dreamy languor followed, and, as if on the wings of a fleet bird, he was borne through the air high above the earth. The sensation was altogether pleasant. Then the scene changed, and his skull tingled as if a million hammers no bigger than a fine needle began pounding all at once. They shattered into fragments in an instant, the napkin was removed, and all was over. Recovery was instantaneous, and all effect was gone. The time, taken by one of the physicians, was one and three-quarter minutes.

"The little dentist was urged to reveal the

component parts of his anæsthetic, but he refused, saying that he was too poor, and, much as he would like to do something for science, he had to think of his hungry wife and children at home. The physicians who witnessed the experiments said the results were marvelous, but as long as the whole thing could not be scientifically explained to the profession at large they would never accept it. Perhaps it will never receive the just recognition it so richly deserves."

[We are inclined to believe that the above narrative is something more than a mere flight of the reportorial imagination. If our extract should happen to meet the eye of the "Brooklyn dentist" or any of the witnesses to his experiments, we shall be glad to publish whatever they will write to us upon the subject.]

THE LATEST MICROSCOPICAL DISCOVERIES.

THE Rev. Dr. Dallinger, F. R. S., and President of the Royal Microscopical Society, in a recent lecture at Firth College, Sheffield, described the result of three years' study of the minutest forms of life. He stated that he was now possessed of lenses so constructed as to realize results which only five years ago were declared by mathematicians to be impossible of accomplishment. By means of these he threw upon an illuminated screen various forms of minute life. One of these was a piece of hard chalk of the size of a pin's head, which contained shells estimated to be equal to four millions in an ounce of chalk. He also showed a drop of water taken by himself near the reservoir at Preston, Lancashire, containing specimens of desmids, which, cubically measured, were only about one-millionth of an inch. Taking a specimen of living organism from a drop of water, he showed it upon the screen, and said that by the aid of very powerful lenses which had come into his possession only within the last few months he had discovered this, which was the minutest organism known. He had measured the flagellum or motor fibre of this organism, and found it to be the 204,700,000th of an English inch. Dr. Dallinger subsequently gave the results of his recent researches on the subject of bacteria and putrefactive organisms, and said the work of these organisms was

to break up and to set free from dead organisms the elements of which they were made, so as to render them capable of circulating in new generations. In his recent labors he had found one whose duty it was to glean, as it were, the remaining particles after other forms had done their work.

BEFORE AND AFTER TREATMENT.

"YOU KNOW HOW IT IS YOURSELVES."—JOB.

VERY ILL.

Name, oh, doctor! name your fee!
Ask—I'll pay whatever it be!
Skill like yours, I know comes high;
Only do not let me die!
Get me out of this, and I
Cash will ante, instantly!

CONVALESCENT.

Cut, oh, doctor! cut that fee!
Cut, or not a dime from me!
I am not a millionaire,
But I'll do whatever's square:
Only make a bill that's fair,
And I'll settle presently.

WELL.

Book, oh, doctor! book your fee!
Charge—I'll pay it futurely.
When the crops all by are laid,
When every other bill is paid,
(Or when of death again afraid)
I'll pay it—grudgingly.

—F. L. J., in *St. Louis Med. and Surg. Journal*.

Honest Work.—At a recent meeting of the Western New York Homœopathic Medical Society a Committee was appointed for the purpose of securing, if possible, positive evidence, clinical or pathogenetic, as to the potency of attenuated drugs.

The fact was recognized, that from the early history of homœopathy till the present day, a portion of the profession have attributed to attenuated remedies qualities which were not claimed for the material drug; while another large body of homœopathic practitioners have insisted that all curative power ceases, when by no known method can the drug substance be detected in the medium employed.

The desirability of a solution of the question of the potency of attenuated drugs was recognized by the society that their employment might, with justice, be endorsed or condemned. In answer to the view which many hold that the matter has already been demonstrated, and that published reports of alleged cures are accessible, the committee would say that the selection of certain clinical reports would be invidious, while others are by no means conclusive.

Without bias, therefore, the committee approach the question and invite your co-operation as in the solution of a purely scientific problem.

They would be pleased to receive from you reports of cases in which the following requirements have been met:

1. Reports of recoveries of self-limited diseases, in which 30th or higher potencies have been employed, in which the duration of the illness has been shorter than in those cases treated on the expectant plan.
2. Reports of recoveries of diseases, the tendencies of which are not to spontaneous recovery, in which 30th or higher potencies have been employed.

It is further desired that not only the names of the diseases treated be given with the symptoms for which the remedy is employed, but as well the pathogenetic symptoms on which the diagnosis is based with any idiosyncrasies which may exist. The diagnosis shall be verified by at least one other competent observer if possible.

The committee would also be pleased to receive results of tests of attenuated drugs on the healthy, and to that end will furnish any who desire to experiment on those especially sensitive to any drug a 30th attenuation of that drug with five bottles of blanks, the phials to be marked in such a way that neither the one upon whom, or by whom the experiment is made shall know which contains the attenuated drug.

Communications should be sent to F. Park Lewis, M. D., 188 Franklin Street, Buffalo, N. Y.

BIBLIOGRAPHICAL.

LECONS DE CLINIQUE MEDICALE PROFESSEES a l'Hopital St. Jacques, 1877 a 1885. Par le Dr. P. Jousset, Medecin de l'Hopital St. Jacques a Paris. Librairie J. B. Baillière et Fils, Paris. 1886.

This book consists of a series of lectures delivered before the class by Dr. Jousset at the Hospital St. Jacques, Paris. It is apparently intended more for the student than for the practitioner, but is of interest to both, covering, as it does, a wide range of subjects.

Quite contrary to the teachings accepted here, Dr. Jousset holds that typhoid fever is contagious. There are reports of some interesting cases of latent pneumonia. Each subject is illustrated by clinical cases.

PARALYSIS; CEREBRAL, BULBAR AND SPINAL; a manual of diagnosis for students and practitioners. By H. Charletan Bastion, A. M., M. D., F. R. S.; with numerous illustrations. New York, D. Appleton & Co. 1886.

The various forms of paralysis from brain disease, from disease of the bulb and from disease of the spinal cord are so numerous, and so many recent advances have been made to our knowledge in these directions, that some concise yet sufficiently comprehensive aid to diagnosis to bring the matter distinctly before the mind is of the utmost importance, not only to the student, but to the physician in active practice. It has been the object of the author, in which he has admirably succeeded, to explain and gather up the essential points necessary to diagnosis and prognosis in any case of paralysis. The practitioner will find the work of Dr. Bastion not only a guide to correct diagnosis, but to scientific treatment.

THE MECHANISM OF INDIRECT FRACTURES OF THE SKULL. By Charles Dulles, M. D. Wm. J. Dorman, Philadelphia. 1886.

This is quite a classical brochure, and displays not a little care and research, as both the subject matter and bibliography indicate. The author begins with a historical sketch of indirect fracture of the skull from the time of Hippocrates, citing various writers and investigators of the subject, both ancient and modern. He explains the mechanism of fracture of this variety according to the "bursting" theory of the Germans—that is, as he expresses it, "the contusion of a direct depressing force with an indirect disruptive force, brought about by a shortening of the axis parallel to the direction of the force, and a com-

plementary lengthening of the axis at right angles to the former." One hundred and nineteen cases are curable, 41 substantiate this theory, 8 are against it. The deductions which are drawn in conclusion are of great interest. Comminuted fractures where the crushing force of the blow is so great as to destroy any evidences of the elastic properties of the skull are of course not included, likewise those fractures where pressure and counter pressure seem to shove one segment of the skull over another.

A TREATISE ON THE PRACTICE OF MEDICINE; for the use of students and practitioners of medicine. By Roberts Bartholow, M. A., M. D., LL. D., Professor of Materia Medica, General Therapeutics and Hygiene, in the Jefferson Medical College of Philadelphia, and Dean of the Faculty; formerly Professor of the Theory and Practice of Medicine in the Medical College of Ohio, Cincinnati; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society; Honorary Member of the Medical and Chirurgical Faculty of Maryland; of the New York, Virginia and Ohio State Medical Societies; of the *Société Médico Pratiques de Paris*, &c.; Author of a treatise on materia medica and therapeutics, of a treatise on medical electricity, and of a manual of hypodermatic medication; Cartwright Lecturer for 1881 of the Alumni Association of the College of Physicians and Surgeons of New York, &c. Sixth edition, revised and enlarged; 990 pp. New York, D. Appleton & Company. 1886.

A work which has reached a sixth edition, and especially one from the hand of so practical and eminent an authority as Professor Bartholow, seems to be beyond the pen of the reviewer, because the profession has already placed its stamp of approval upon it.

In the present edition some new subjects have been introduced, and preliminary chapters have been appended to the chief divisions of the work, to make the study of the diseases of the class more exact, and to enhance the practical character of the whole. The purpose to prepare a concise, practical treatise is evident from the text throughout. From our standpoint, we cannot see how physicians can be satisfied or even succeed in practice with so meagre therapeutic indications, and especially when based upon so narrow a view of the relations of drugs to diseased conditions. We cannot think that Professor Bartholow, with his knowledge of materia medica, has so little confidence in the use of drugs as appears from this work.

The hygienic suggestions are up to date, and are most satisfactory. If this work contained the indications for the use of drugs in small doses as well as large, we should have no hesitation in saying that it is as good a treatise as could be offered on the subject of the practice of medicine.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. Whithaus, A. M., M. D. New York, William Wood & Co. 1886.

Professor Whithaus is so well known as one of the ablest chemists and most practical teachers in the country that a work from his pen could not fail to be of practical value. The author has gathered within the compass of a small volume, every alternate page being left blank for notes, the various tests and the manner of applying them

for the constituents and excretions of the body and for most of the mineral and vegetable poisons. Any physician with this little volume before him will have no difficulty in making the tests in his own office.

OTIS CLAPP & SON have issued in pamphlet form the very excellent address of Dr. C. Wesselhoeft delivered before the Boylston Medical Society. The address of Dr. Wesselhoeft, and that of Dr. Bowditch before the Hahnemannian Society of Boston University, are so excellent in tone and so frank and courteous in their statement of what they consider the views of the leading minds of both old and new school, that we shall be very glad to see them published in the same pamphlet.

SOCIETIES.

WHY WE DO NOT LIVE OUT OUR THREE-SCORE YEARS AND TEN.

DR. J. W. DOWLING, Professor of Physical Diagnosis, &c., delivered the opening address in the New York Homeopathic Medical College on the above subject.

The subject was introduced by showing the wonderful wisdom and goodness displayed by the Divine Power in the formation of our bodies, by which the wonders and beauties of nature are shown us through our several senses, and a brief description of the anatomy of the human frame was introduced to show the justice of St. Paul's reference to man as the temple of God, made after his own image and pronounced by Him perfect.

It was then shown why the average life of man is but little more than half what it should be, and that the various indiscretions of life were responsible for this result.

As instance, of these indiscretions were mentioned and described at length the effects of mental strain and unnecessary worry; too close attention to business, with too little rest and recreation; lack of physical exercise; physical strain as practiced particularly by the students of our various colleges throughout the country; indiscretions in eating and the intemperate use of the various alcoholic beverages, claiming that many of the diseases incident to advanced life are the result of the persistent though moderate use of alcohol.

Temperance in eating and drinking and an observance of the old Masonic rule of eight hours of labor, eight for refreshment and pleasure and eight for sleep, would save many, many lives.

St. Paul says: "If any man defile the temple of God, him shall God destroy; for the temple of God is holy, which temple ye are." This holy temple is defiled every day, and that is why man does not live out his three-score years and ten. Study nature's laws and follow them, God has provided everything in a state of nature necessary for our sustenance. He has given us pure water to satisfy our thirst. He has given us grain, fruit and meat to nourish us. He has given us pure healthful air to breathe, and has made every provision by which we may protect ourselves from the inclemency of the weather. It is not necessary for us to call in the aid of chemistry to supply us with food and drink. A healthy stomach will enjoy the plain food of the laboring man. A healthy body will enjoy the sleep of the laboring man, which the Bible says is sweet. An observance of nature's laws, God's laws, will ensure hap-

pineness, health, prosperity and a long and useful life. Follow them, and you will be able to say with the poet:

"I have ease and I have health,
And I have spirits light as air,
And more than wisdom, more than wealth,
A merry heart that laughs at care."

CORRESPONDENCE.

OUR LONDON LETTER.

To the Editors of the *N. Y. Medical Times*:

THE place that is paved with good intentions has had some very pure stones laid down since I last took pen in hand to write you a letter. I intended to send you a letter from the Alps, and I intended to give you a letter from Basle, with all the gossip of the congress. I will not try your feelings by telling you all the other praiseworthy actions I intended to do, but will only say that between the duties arising out of the convention, and the still more important duty of enjoying my holiday, they all fell through! And when I arrived home the accumulations of correspondence, and the practices of two or three friends eager to take their holidays filled up every minute of the day.

You will doubtless have received the proof I forwarded to you of my report of the proceedings at Basle, and you will have seen that we had an exceedingly good time. The convention, like Artemus Ward's confiscated tiger, was "small but healthy." And our numbers, considering the circumstances under which we met, were by no means discreditably small. Of the work done I will say nothing here; it will speak for itself in the "Reports and Transactions." President Meyhofer and Vice-President Roth (whose services as interpreter was nothing short of marvellous, and reminded Dr. Rannels of the Day of Pentecost!) conducted the proceedings to the admiration of all, and shared with the permanent secretary, Dr. Hughes (who is permanent secretary still, I am happy to say), the burdens of the convention. For had it not been for the energy and determination of Dr. Hughes it is no secret that there would have been no meeting at all.

Some of those present, while regretting, of course, the Belgium fiasco, were by no means sorry to have been brought to Switzerland instead of to Brussels. Brussels is a bright little capital city, but it must be allowed that Belgium is very deficient in Alps! And sight-seeing in a town is a very inferior mode of enjoyment to tramping mountains. Nor would attractions of the classic field of Waterloo, with its artificially-raised mountain, surmounted by the lion with his tail between his legs, at all bear comparison with the glories of the peaks of eternal snow.

About the time that we were holding our convention at Basle, the British Medical Association were holding their annual meeting in Brighton. It is just 29 years since the association last met in this town, and made its meeting ever memorable by its solemn anathematizing of homœopathy. But the sequel was even more remarkable. The president (Dr. Horner, of Hull) was very shortly after converted to homœopathy during the process of preparing to deliver a lecture *against* it. On the present occasion they let homœopathy alone, and confined themselves to the discussion of the virtues of *Hamamelis*.

The dead roll of Pasteur's "patients" now reaches 24, and is rapidly increasing. But it is a singular fact that the

more people die the more francs come in for his Institution. That enlightened potentate, the Czar of Russia, apparently grateful for the success of Pasteur in relieving him of surplus subjects, has subscribed handsomely. Pasteur excuses for his failures are really charming. The Russians were bitten by wolves and not dogs; that of the Frenchman was a hard drinker; others *had not been properly cauterized*; but the best of all is his "explanation" of the death of the Dutch boy—he *didn't understand French!!!* Bravo, Pasteur!

Yours Fraternally,

JOHN H. CLARKE, M. D.

15 St. George Terrace, Gloucester }
Road, London, S. W., Sept. 4. }

HOSPITAL REPORTS.

By DR. H. I. OSTROM, 42 W. 48 ST., NEW YORK.

REMOVAL OF ENTIRE INFERIOR MAXILLARY BONE BY THE MOUTH, FOR ACUTE NECROSIS. (Edinburgh Royal Infirmary, Professor Annandale.)—A child aged seven years was admitted to the infirmary with great swelling of the lower part of the face, the soft parts being glazed, and so tender to the touch as to render an examination difficult. Until the present attack, which began ten days before admission with acute pain near the last lower right molar tooth, the patient had been healthy. An offensive discharge of bloody pus ran from the corners of the mouth. The temperature ranged from 100.6° to 105°. There was much drowsiness. By this time many of the teeth had dropped out of the jaw. The treatment consisted of warm fomentations and frequent washing with dilute Condy's fluid. Under chloroform the entire bone was found to be necrosed and separated from its periosteum and surrounding soft parts, with the exception of a portion of its ligamentous attachments. Dividing these with the finger was sufficient to enable Professor Annandale to remove the bone intact from the mouth. The patient rallied for a few days after the operation, but died on the fourth day from hemorrhage from the mouth, and with marked symptoms of septicæmia. The interest in this case centers about the rapidity with which the necrosis developed, the obscurity of its etiology, which was probably connected with the irritation of dentition, and the removal of the entire bone through the mouth without the use of the knife.

A CASE OF PROBABLE INDIOPATHIC PYÆMIA. (St. George's Hospital, London.)—A healthy lad, 15 years old, was admitted to the hospital with rigors, acute pains in the legs, which soon became general, a temperature of 101°, coated tongue, quick pulse, and patches of redness around

the right wrist and elbow, leg and ankle joint, and some effusion in the left knee. He became delirious on the third day. There was swelling about the joints, which were found to contain pus. He remained unconscious for forty-eight hours before death, which occurred on the thirteenth day. The necropsy showed the blood to be very thin, and purulent collections were found in the lungs, joints and muscles. No cause could be ascertained for the disease. There had been no injury, and no lesion was discovered upon the body.

ORCHITIS AND EPIDIDYMITIS. (Liverpool Lock Hospital, Fred. W. Lowndes, M.R.C.S.)—Two hundred and fifty-eight cases of orchitis and epididymitis are reported as having been treated by painting with nitrate of silver (nitrate of silver, $\frac{3}{4}$ ii.; water, $\frac{3}{4}$ ii.), after which the parts were supported on a pillow, with a corresponding number of cures.

INTESTINAL OBSTRUCTION LASTING TWO MONTHS, WITH STRICTURE OF THE RECTUM. (St. Bartholomew's Hospital, Mr. Harrison Cripps.)—The patient upon admission had not had a stool for two months. The abdomen measured 72 inches at the umbilicus. Examination showed a stricture to exist about two and one-half inches inside of the anus. Enemas failed to empty the bowels. Mr. Cripps passed a large probe-pointed knife two and one-half inches in the rectum, and divided the stricture. Several pounds of putty-like fecal matter was scooped out, and for a fortnight enormous quantities were passed. A full-sized bougie was inserted daily, and the stricture kept well dilated. The abdominal walls gradually regained their contractile power and a perfect cure followed.

OVARIAN CYSTONNA, WITH TORSION OF THE PEDICLE, NOT ACCOMPANIED BY THE USUAL SIGNS OF TORSION. (Samaritan Hospital for Women, Nottingham, Dr. Elder.)—The patient was admitted with an ovarian tumor, the only unusual conditions of which were excessive prostration, nausea and loss of appetite, with pain in the abdomen upon prolonged motion. An operation showed the cyst to be semi-gangrenous, very soft and pliable, and its pedicle twisted from left to right. The Staffordshire knot was used to secure the pedicle, and the patient made a rapid recovery.

SARCOMA OF THE LIVER—LAPAROTOMY. (Ward's Island Hospital, New York, Dr. H. I. Ostrom.)—An Italian woman, aged 32, married, was admitted to the hospital with a tumor filling the right hypochondriac region. Examination showed it to be movable towards the median line and

downwards. It was sensitive to pressure, lobulated, hard, and latterly of rapid growth. There was considerable pain in the tumor. Menstruation was regular. Dr. Ostrom made an exploratory laparotomy, with the view of ascertaining the exact nature of the neoplasm and removing it if possible. An opening two inches in length was made below the umbilicus, and through this the tumor found to grow from the under side of the liver, involving the lobe of Spigelius. It was very vascular, solid and firmly adherent to the anterior and posterior peritoneal layers. The neoplasm was diagnosed telangiectatic sarcoma and its removal considered impracticable. The wound was closed with catgut and dressed with iodiform. The incision healed by first intention, and the patient left the hospital in three weeks. The tumor has continued to increase in size.

RECOVERY AFTER PARTIAL EXCISION OF THE LUNG, AND NEPHRECTOMY. (Hospital Saint André, Dr. Demons, Bordeaux.)—A laborer, 49 years old, received two wounds, one on the left thorax between the ninth and tenth ribs parallel with the intercostal spaces, was four centimetres long. The lung protruded from the wound, but there was neither hemorrhage nor subcutaneous emphysema. The urine early contained blood. The lung, becoming congested and finally almost gangrenous, was on the tenth day after the injury removed by Dr. Demons, with the ecraseur. No hamoptysis followed the operation. Profuse suppuration ensued, the pus containing urine. High temperature continuing, with septic symptoms, led Dr. Demons to perform nephrectomy on the twenty-eighth day. The kidney was found broken down, and to contain a large abscess. The thoracic wound was closed with silver sutures, and a drainage tube inserted in the lumbar incision. This was removed in about two months. The patient entirely recovered.

THORACIC ANEURISM TREATED BY INTRODUCING A STEEL WIRE INTO THE SAC. (Middlesex Hospital, Dr. Cayley.)—The case of thoracic aneurism presented nothing unusual. The interest centers about the treatment, which consisted in introducing forty feet of steel wire through a fine canula into the sac. This caused consolidation of the contents of the sac, but the aneurism extended, and a repetition of the operation proving unsuccessful, the patient died in a paroxysm of dyspnoea. Other cases are reported that have been treated with wire, and horse hair introduced in the same manner. The results do not seem to have been encouraging.

EXCISION OF THE LARYNX FOR MALIGNANT

DISEASE. (Royal Infirmary, Glasgow, David Newman, M. D.)—The patient, aged 37, was admitted with complete aphonia, pain in the larynx and difficulty in deglutition. A deep ulcer was found to occupy the left side midway between the arytenoid cartilages and the thyroid attachment of the false cords. The two vocal cords were completely destroyed by a large ulcer with the characteristic appearance of epithelioma. Tracheotomy was performed a few days before the removal of the larynx. The larynx was removed by dividing the trachea from below upwards. A large-sized tracheal tube was introduced to prevent blood from flowing into the air passages, and also to permit the administration of chloroform, which had until then been given through the tracheotomy tube. The wound was dressed with absorbent cotton and iodoform. Food was administered through a tube introduced into the œsophagus through the upper part of the wound. The patient made a good recovery. A phonatory apparatus was secured in the wound, which enabled him to articulate with wonderful facility. He is able to swallow food, and the laryngoscope shows the parts to be perfectly healthy in appearance.

EXPLORATION OF THE BLADDER BY PERINEAL SECTION. (King's College Hospital, Henry Smith, F.R.C.S.)—Three cases of excessive irritation of the bladder are reported cured by carrying an incision through the perinæum and membranous urethra. The bladder was thus drained, and the natural canal for the flow of urine, for a time put at rest.

INTUBATION OF THE LARYNX. (Nursery and Child's Hospital, Irwin H. Hance, M. D.)—Three cases are reported in which intubation of the larynx after the method of Dr. O'Dwyer, was employed for croup. All three cases proved fatal. In the first the tube was swallowed, and at the autopsy found in the stomach. In the remaining two but very temporary relief was afforded. A fourth case was more successful, the child finally recovering. None of the cases presented any peculiar conditions, or ones that in any way help to determine the special class cases in which this procedure possesses advantages over tracheotomy.

TUMOR OF THE SPERMATIC CORD, SIMULATING HERNIA. (North Staffordshire Infirmary, Mr. Spanton.) A strong, healthy young man, aged 15 years, first noticed a swelling in the right groin, which at times entirely disappeared. The tumor presented the well-recognized symptoms of omental hernia. It was easily returnable into the

inguinal canal, but descended upon coughing, and was apparently attached to the spermatic cord. He was admitted to the Infirmary for a sudden attack of nausea, severe pain in the tumor, and constipation. It was now found that the tumor could not be reduced. The scrotum became œdematous, and the case seemed to be one of strangulated omental hernia. An operation showed the subcutaneous tissues to be sloughy. A firm, almost cartilaginous growth was found to occupy the cord for about two inches. The cord was ligatured, and the tumor, with the testicle, removed. Sublimated gauze and silver sutures completed the dressing. The wound healed rapidly.

ABSCESS IN THE COURSE OF THE SPERMATIC CORD, SIMULATING HERNIA. (Seaman's Hospital, Greenwich, Mr. Turner.) The patient, three years old, was admitted with a tense non-fluctuating tumor in the inguinal region. The testicles were in the scrotum. There was no cough impulse. Examination of the swelling caused pain. The child was restless, feverish—temperature 101° and 102° —and constipated. The swelling presented well-marked fluctuation on the tenth day. The abscess was opened antiseptically, and half an ounce of pus evacuated. The wound had healed in two days. Upon inquiry it was ascertained that the child had struck himself in the scrotum about two weeks before the abscess developed, and had again injured himself the day before his admission to the hospital.

EXTENSIVE PHLEBITIS AND PELVIC ABSCESS FOLLOWING ABORTION. (Mass. Gen. Hospital, Francis Minot, M. D.)—A married woman, aged 30, produced an abortion by taking large quantities of ergot and gin. Thinking that an after-birth must pass, and not perceiving anything that could be called such in the discharge, the woman almost pulled off the posterior lip of the uterus. She was admitted to the hospital five weeks after the abortion. Three weeks before admission she was attacked with severe chills, vomiting, diarrhœa, pelvic pains and painful micturition. The left leg became swollen, numb and œdematous, with tenderness in the saphenous region and the calf. There was neither abdominal tenderness nor vaginal discharge. The chills continued, the pulse remained rapid, and the temperature high. The spleen was markedly enlarged. Small, yellow, extremely-offensive stools containing pus but no blood were passed a few days before death, which occurred twelve weeks after the abortion, with symptoms of pulmonary œdema. At the autopsy the inferior cava, left iliac veins, and both renal veins were found to be completely

obstructed by fibrous thrombi, and their walls adherent to the surrounding parts. The uterus, the left broad ligament, and the left half of the rectum were adherent to the pelvic wall, and the left ureter to the posterior *Cul-de-Sac*. The uterus contained an abscess, which communicated with the rectum. The fallopian tubes were normal excepting the fimbriated extremity of the left one, which was adherent to the wall of the abscess. The left ovary was enlarged and firmly fastened to the abscess wall. The left broad ligament was entirely destroyed. The spleen was enormously enlarged. In its early stages this case would have been a fitting one for an abdominal section, but when admitted to the hospital it is doubtful whether any operation would have been successful. It is, however, to be remarked, that at no time were the symptoms of peritonitis in proportion to the lesions found after death, and therefore we cannot but feel that the chance of laparotomy might have been given the woman.

SLOUGHING ULCER OF THE PENIS. (Liverpool Lock Hospital, Frederick W. Lowndes, M.R.C.S.)—Two cases are reported. A tram-car guard, aged 18, was admitted with phimosis and ulcers. The soreness began four days after coitus, and the present condition had existed for about one month. Discharge very offensive, with considerable hemorrhage. Division of prepuce showed the corona glandis to be sloughed away to such an extent as to induce a fear that the urethra might be involved. Iodoform was used to dress the ulcer. The following morning a severe venous hemorrhage occurred, which was only controlled by packing with perchloride of iron. The case, which was believed to be one of neglected chancroids, ultimately recovered.

FIBROID BURSAL TUMORS. (Seaman's Hospital, Greenwich, Mr. Turner.)—The patient, a man, had done a great deal of scrubbing of floors for twenty years. A swelling was first noticed on the right knee, which had discharged for several years. Three years later a similar tumor began to form on the left knee. Both tumors were situated immediately below the patella, that on the right side measuring eleven and one-half inches, and on the left about three inches in diameter. Both tumors were removed antiseptically, and the wounds healed by first intention. They were found to consist of "fibrous tissue concentrically arranged around a small central cavity, and were evidently bursal in their origin."

Physic Tippling.—At a sanitary convention lately held at Philadelphia Dr. Frank Woodbury read a paper under this title, in which he treated of the rapid increase in the

consumption of such drugs as the bromides, chloral and opium. It was estimated, he said, that of chloral one ton a day is consumed in England and America. A large portion of the death rate among children was attributed to the abuse by the parents of medicines acting on the nerves. The injurious effects of patent medicines were considered, and in conclusion he recommended: "1. The examination of all proprietary medicines by a Government or State commission of experts, who shall have the power to permit the sale of such as are harmless or especially likely to prove serviceable, and to prohibit the sale of all which are peculiarly liable to do injury, and those which are found to be worthless and frauds upon the public. Such a commission was appointed by the Japanese Government several years ago, and has been found to be of great service in that country. 2. The instruction of the public to properly estimate drugs, and to regard every unknown medical agent as dangerous and endowed with capacity for harm. Let them escape the caustic criticism of Moliere upon those who pour medicine about which they know little into bodies about which they know less, in order to cure disease about which they know nothing at all." [The "caustic criticism" was leveled at the "regular" profession, and it is applicable to them, as well as to the public, at the present day. Are not a great many old-school physicians in the daily habit of prescribing advertised remedies of whose composition they are ignorant?]

TRANSLATIONS, GLEANINGS, ETC.

Revelations by Electricity in Rheumatism and Neuralgia.—(Dr. F. T. Paine, (Daniel's *Texas Med. Journal*, Jan., 1886.)—I now find in every case of chronic rheumatism and neuralgia a dead or insensible nerve at or near the painful spot. It may have tactile sensation, but to the electric current it is indifferent. The first sensations produced by a concentrated current are pleasant, then warmer on to burning, until the instrument must be removed on account of intensity of heat or burning sensation, and the pain is banished at once, and the limb or joint is ready to move in any or all natural directions.

I have now treated a sufficient number of cases to satisfy myself of the facts and views as stated, and that all cases of neuralgia or chronic rheumatism or muscular rheumatism may be cured almost instantly if the nerve implicated is accessible or can be found.

The Danger from Cocaine.—At a meeting of the Richmond (Va.) Med. and Surg. Society, Dr. Hugh M. Taylor remarked as follows (*Va. Med. Monthly*, Aug., 1886): Just as the unguarded use of chloral resulted, to an alarming extent, in the chloral habit, so it is becoming more and more so in regard to the use of cocaine. He had the truth of this assertion impressed upon him last winter by a lesson, the moral of which pointed to the cocaine habit as one of the dangers attending the internal administration of this drug for any length of time. The case referred to was that of a young physician, who, while a student, had cocaine prescribed for him for some supposed kidney disease. The cravings of his system for more and more of the drug became more and more pressing. If his own knowledge warned him of his danger he probably consoled himself with the reflection that his kidney disease was progressing, and more of the remedy which gave him temporary relief was called for. For some weeks before

he was seen by Dr. Taylor he had been in Richmond on a protracted spree, and his conduct was so strange as to give rise to the suspicion that he was insane. It was then discovered that he was taking cocaine hypodermically every few hours. When a stop was put to this he became a raving madman, swore he would kill himself, and had to be watched constantly to keep him from carrying his threat into execution. His delirium finally became so violent that a commission of lunacy sent him to an asylum, but in a few days he made his escape and returned home. His brothers then took charge of him, confined him to his room, kept a guard over him constantly, and in that way finally broke him of the habit to which he was such a slave. For six weeks his ravings were represented as violent, and, while in Richmond, his delirium was as acute and distressing as that from whiskey, chloral, opium or chloroform.

The Simultaneous Administration of the Iodide of Potassium and Mercury.—The *Courier Medical* has reproduced an article from the *Archives Méd. de Belges*, by Dr. Petitjean, on the simultaneous administration of the iodide of potassium and mercury in the treatment of syphilis. The author remarked that when he administered the iodide of potassium to a syphilitic patient, and a few minutes after injected subcutaneously a solution of the bichloride of mercury or of mercuric peptone, salivation set in in a very short time, and sometimes even after the administration of a single small dose. At the same time he remarked that the existing syphilitic manifestations disappeared much more quickly than when the iodide of potassium and the mercury were given separately. The same result was observed when the iodide of potassium was administered internally, and the mercury applied endermically at the same time, which is effected by the application of a mercurial ointment on the skin, the part having been previously made raw by means of a blistering plaster. The author mentions seven cases of syphilis, one of which was severe syphilitic paralysis, in which this mode of combining mercury and iodide of potassium had given him the most satisfactory results.

Vinegar in Diabetes Mellitus.—A correspondent in *The Physician and Surgeon* reports a case of diabetes mellitus cured by the use of vinegar. The patient was put on anti-diabetic diet, and one-third of a glass of vinegar diluted with water. At the end of a week the urine was free from sugar. After two months there was no return of the trouble.

Gas as a Health Preservative.—A recent issue of the *Journal des Usines à Gaz* contained particulars respecting certain investigations made by Dr. Lemaire some years ago, into the subject of the influence of coal tar and its derivatives upon the health of the workmen employed in the preparation of these substances. His inquiries were made chiefly in connection with the employees of the Paris gas companies. He found that those whose duties did not necessitate a prolonged stay in the parts of the works where tar was to be found were liable to all sorts of ailments, and formed a considerable portion of the number on the sick list, while among the workmen specially occupied with tar, only three were sick in the course of seven years. This result is all the more striking when the number of workmen in the service of the company at the period referred to is considered. There were altogether 20,553 men, of whom 764 were engaged in some occupation connected with tar.

MISCELLANY.

—Professor Virchow expressed the following opinion of Pasteur at a recent lecture in Berlin: "Even if Pasteur has attained nothing but the result of allaying the fear and intense excitement following a bite by a mad dog, he has done the world a great service. For the accurate analysis of the objective symptoms has hitherto been made very difficult and often quite impossible by the subjective psychic symptoms, the consequences of a justifiable alarm and excitement. Physicians were therefore obliged to confine themselves in the diagnosis to other symptoms, the necessary connection of which with hydrophobia has not yet been proved, such as a peculiar swelling of the lymphatic glands at the root of the tongue and the peculiar appearance presented by the scar, which is extraordinarily hard, penetrates very deeply into the surrounding tissue, and is commonly connected with a nerve. To accuse Pasteur of charlatanism is most unjust."

—Dr. G. H. Patchen, late of Burlington, Iowa, has become associated with the veteran, Dr. George H. Taylor, in his institution for mechanical massage, &c., at 41 East Fifty-ninth street, this city. The profession will find it to their advantage to investigate this treatment, as it meets a class of cases not otherwise reached.

—Dr. Strong, chief of staff of the W. I. Hospital, reports 568 patients treated during the month of September; mortality, 2.64 per cent. Patients under treatment since January 1, 2,997; mortality, 7.34 per cent.

—The Medical Society of the State of New York offer to physicians of this State a prize of \$100 for the best essay on any medical subject that shall be approved by its Committee on Prize Essays. Essays for this prize must be printed, by type-writer or otherwise, and sent to the committee without any indication of authorship. The name of authors should be inclosed in sealed envelopes accompanying the essays, and bearing upon the outside mottoes or other devices which are duplicated on the essays. Essays for competition must be sent to the chairman of the committee, Dr. George F. Shrady, 247 Lexington avenue, New York, on or before December 30, 1886.

—According to a letter in an Austrian journal, a most promising field for medical practice exists in India, especially in the inland parts of the Peninsula. There is plenty of sickness, and physicians receive large fees. A knowledge of the language sufficient for all practical purposes is readily acquired, and beyond that, the writer states, nothing is needed for the acquisition of a large practice and a handsome income.

—Prof. Rudolf Virchow, the celebrated surgeon and anthropologist, has lately prepared some interesting tables concerning the color of the hair, eyes and skin among the German school children. He examined 6,758,827 pupils, being nearly four-fifths of all the youth of "A B C" age. Of these, 2,149,027, or 31.08 per cent., belonged to the blonde type, 942,822, or 14.05 per cent., to the brunette, and 3,659,978, or 54.15 per cent., to the blonde-brunette or mixed type. The territorial division of the principal types corresponds accurately to the geographical boundaries of North, South and Middle Germany, 43.3-36 per cent. of the pure blondes being found in the northern districts, 32.5-28 per cent. in the middle, and 24.5-18 per cent. in the southern ones. The River Main thus becomes an anthropological line of significance. In general, the further south one

goes the more brunettes he meets, South Bavaria mustering but 14 per cent. blondes. Among the 75,376 Hebrew children the mixed type also predominates, the pure brunette outnumbering the pure blondes, however, threefold. Whereas the relation of the blondes to the brunettes among the Christians is 31.8 to 14, that among the Jewish children is as 11.20 to 42. The gray-eyed and dark-haired predominate in the mixed type. Other results of great interest were brought to light.

—The last census has shown that there are in France 68,500 idiots and persons of notoriously weak minds, in addition to 34,000 lunatics. Lawyers, politicians, authors and artists furnish the largest contingents of insanity. The number of Frenchmen over 100 years of age is 127.

—The splints most generally used in the treatment of knee and hip cases at the English hospitals are those of Thomas, who is described as the son of a bone setter, and himself a charlatan, though a man of wonderful mechanical ingenuity.

—Goulburn, New South Wales, is said to be so healthy that the doctors rely on the natural increase of population for a living. People are neither in a hurry to be sick nor to die.

—It is announced that an English physician, Dr. Martin, has invented an apparatus with which it will be possible to enable the blind to see. The mechanism, which is of platinum, can, it is said, be affixed without pain, so as to excite in the optic nerve the sensation of light and the power of vision. The result of the experiments being carried on with the new invention, so as to practically test its merits, is awaited with the deepest interest.

—During the last quarter of the last year nine centenarians died in Ireland. Of these three died at 100; one at 101; two at 104, and one at 105 years.

—Applications for the position of male or female physicians in the Westborough Insane Hospital, at Westborough, Mass., may be made on or before the 15th of November, 1886. Practitioners who desire one or two years of experience in the specialty of insanity can apply in person or by letter before the above-mentioned date to Dr. N. Emmons Paine, Superintendent.

—Dr. E. A. Lodge, Sr., having been cured of asthma and bronchitis at Thomasville, in Southern Georgia, last winter, proposes to return there on the 1st of November and practice until next May. He says the average winter temperature there is the same as that of New York City for autumn (55°); that there were only three rainy days at Thomasville for the months of December, January and February; that February is a spring month there; pure water abundant; many flowers in bloom in the open gardens on Christmas Day; invalids suffering from affections of the throat, bronchia and lungs were much benefited; patients with diseases of the heart did well; those troubled with stomach, liver, kidney and intestinal disorders were not benefited by the climate. The *American Observer*, which Dr. Lodge published for twenty-one years, will be resumed in January at Detroit under new management.

—A Chicago paper thus indicates the wonderful use of the telephone to the profession:

A physician was called out of a sound slumber the other night to answer the telephone. "Hello! what is it?" he asked, little pleased at the idea of leaving his comfortable bed. "Baby is crying, doctor; what shall I do?" came

across the wire. "Oh, perhaps it's a pin," suggested the doctor, recognizing the voice of a young mother, one of his patients. "No, I don't think so," replied the anxious mother; "he doesn't act that way." "Then perhaps he's hungry," said the doctor, as a last resort. "Oh, I'll see," came across the wire, and then all was still. The doctor went back to bed and was soon asleep. About half an hour later he was again awakened by the violent ringing of the telephone bell. Jumping out of bed and placing the receiver to his ear he was cheered by the following message: "You are right, doctor, baby was hungry."

—Dr. H. Liebermann says: "I desire to state for the benefit of my colleagues the results which I have obtained during my long career as military surgeon by the use of *vin coca mariani*. Briefly stated, I have used it with the greatest success in profound senecemia, resulting from long arduous campaigns in tropical countries, and in the gastro-intestinal irritation with loss of appetite and dyspepsia, which is such a frequent accompaniment of this condition. Mariani's wine is vastly superior to the wine of quinia, since the latter by augmenting the gastro-intestinal irritation interferes with alimentation, and consequently with repair, thereby aggravating the anæmia instead of ameliorating it. I have also employed it in those cases of chronic alcoholism, fortunately rare in the French army, which follow the abuse of absinthe and strong liquors. I have also employed Mariani's wine successfully in the treatment of the tobacco habit. A few glasses of the wine taken in small swallows or mixed with water, were sufficient to replace both pipes and cigars, since the patients obtained the cerebral stimulation which they sought for, albeit unconsciously. I have also employed it in chronic bronchitis, and even in pulmonary phthisis. Mariani's wine augments the appetite and diminishes the cough in both these conditions. Finally, I have employed it in the convalescence following typhoid fever with the greatest success, and this in cases where the irritability of the stomach was so great that no wine, not even Bordeaux could be tolerated."

—The Hahnemann Publishing House, of Philadelphia, announces a fifth edition of Helmuth's "Surgery," enlarged and greatly improved.

—It was wisely and truly said by Prof. S. T. Clarke, of Buffalo, on a recent occasion, "that the true place which you and I, as doctors, must find at last is the niche to which the profession assigns us."

—De Wecker, of Paris, continues to do extractions of cataract without iridectomy. The advantage of thus doing extractions is that the cosmetic effect is better and the pupil round and mobile.

—Muriate of caffeine has been used by Ferrier to remove foreign bodies from the cornea. The anæsthesia was complete.

—Dr. J. B. Mattison, of Brooklyn, N. Y., will thank any one who will send him fullest possible details of cases of cocaine addiction; will also pay any expense incurred and give full credit in a coming paper on the subject.

—A young man entered the dispensary of the Chicago Polyclinic lately, and going up to the clerk held out one of the dispensary circulars, with the question: "Say, isn't this the hour for the diseases of women?" The clerk answered in the affirmative, when the young man said: "Well, I've got a disease of a woman and want to be treated."